

159<sup>TH</sup>  
ANNUAL REPORT  
OF  
THE SOCIETY OF  
THE LYING-IN HOSPITAL  
OF THE CITY OF NEW YORK



FOR THE YEAR

1957

530 EAST 70th STREET, NEW YORK 21, N. Y.



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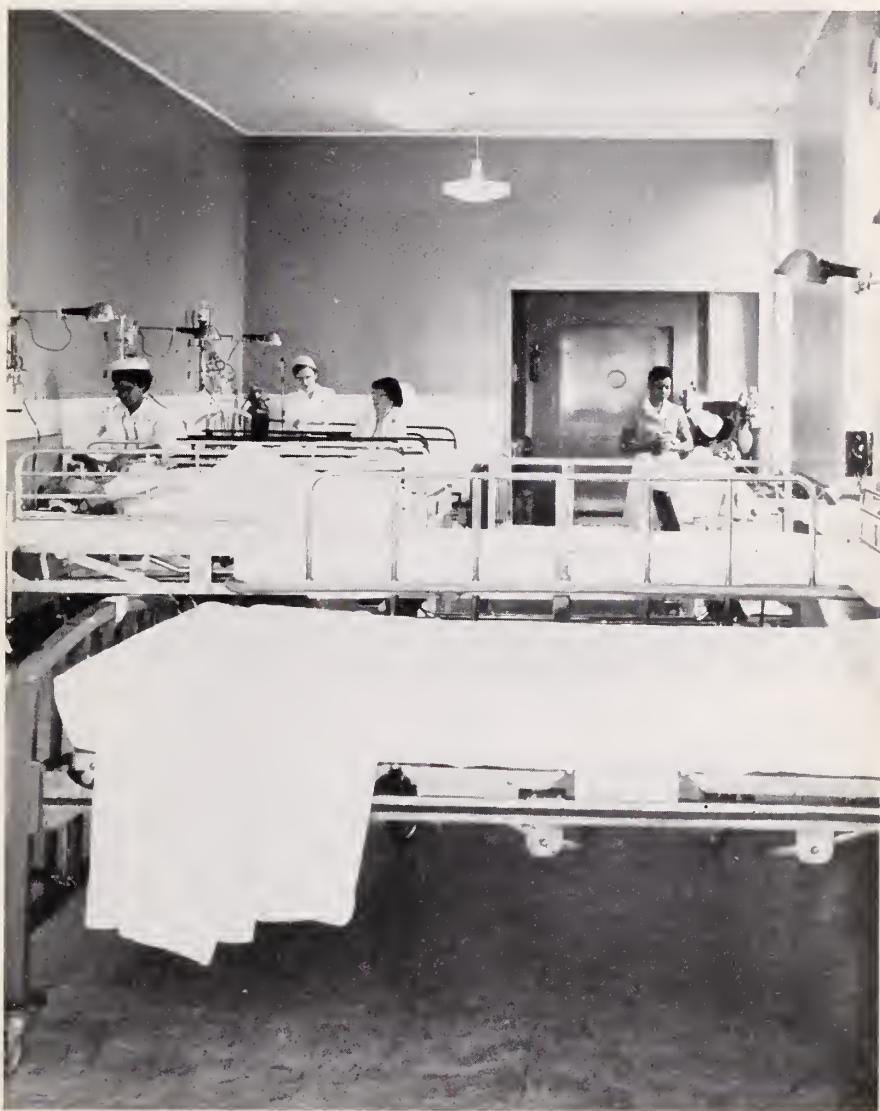
1957

530 EAST 70th STREET, NEW YORK 21, N. Y.



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*South End of New Recovery Room*



*Specialized Nursing Care in Recovery Room*

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## HISTORICAL DATA

The New York Lying-In Hospital was incorporated on March 1, 1799, and opened its doors to receive patients, at No 2 Cedar Street, in August of that year.

Its association with The New York Hospital dates from 1801. Dr. David Hosack, who was the prime mover in the founding of The Society of the Lying-In Hospital, was an attending physician at The New York Hospital and he brought about a lying-in ward in the latter hospital to which the subscribers to the Lying-In Hospital "had the liberty to recommend patients."

This relationship continued until 1827, when the two institutions, "inconveniences having arisen", parted for one hundred and one years. Each then went its own way, moving further uptown, each into its own enlarged quarters, and remained independent until 1932, when The New York Hospital-Cornell Medical Center was built and opened on York Avenue between East 68th and East 71st Streets.

In 1928 an agreement was executed between the two societies whereby The Lying-In Hospital became permanently included in this new medical center, as an integral part of The New York Hospital. Thus The Lying-In Hospital, without formal merger, became the Obstetrical and Gynecological Department of The New York Hospital.

The 1928 agreement stated "unless and until a merger or consolidation of the two institutions shall be effected, the maternity unit to be conducted by The New York Hospital shall be continued to be known and designated as the 'Lying-In Hospital.' "

On May 15, 1947, pursuant to Chapter 223 of the Laws of 1947, State of New York, The Society of the Lying-In Hospital was legally merged into The Society of the New York Hospital, and thereby became the Department of Obstetrics and Gynecology of The New York Hospital.

# THE SOCIETY OF THE NEW YORK HOSPITAL

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FRANCIS KERNAN . . . . .	<i>President</i>
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HENRY S. STURGIS . . . . .	<i>Vice President for Finance</i>
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TRACY F. STORCH, *Associate Director*  
†T. GORDON YOUNG, *Assistant Director*

## The New York Hospital—Cornell Medical Center

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	HENRY S. STURGIS

†Director: Hospital for Special Surgery.

## REPORT OF THE PRESIDENT

The Board of Governors of The Society of the New York Hospital presents with pleasure to our members and friends this record of The Lying-In Hospital for 1957.

Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief, points out in his report that 1957 marked the twenty-fifth anniversary of this 159-year-old hospital at its present location. 1932 was the year in which The Society of the New York Hospital joined with Cornell University in opening The New York Hospital-Cornell Medical Center on York Avenue between 68th and 71st Streets. Great forward strides in obstetrics and gynecology have taken place during this quarter century. These changes are shown, in both words and charts, on the following pages.

During this period, approximately 207 doctors have served as house officers, 43 of whom had five years of training. In addition, a considerable number have had three or four years' service, while the remainder served for one or two years. Many have since gone from here to become practicing obstetricians and gynecologists throughout the United States and Canada. As a tribute to his own influence and ability, Dr. Douglas, who has been with us for nearly thirty years, was recently elected and is currently serving as President of the American College of Obstetricians and Gynecologists.

Another influence in the well-being of the hospital during this 25-year period is that of Miss Verda F. Hickcox, who retired on June 30, 1957 after directing the obstetrical and gynecological nursing service since 1932. To her we owe much for her development of many important phases of nursing.

To Dr. Douglas and his professional associates, to Miss Hickcox and her successor Miss McCluskey and her staff, to the Ladies' Auxiliary and their work through our Social Service Department, to members of the Babies' Alumni, and to all employees and friends who have so constantly and so generously been concerned with our well-being, the Board of Governors of The Society of the New York Hospital expresses its grateful appreciation.

FRANCIS KERNAN,  
*President.*

April 1, 1958.

## STAFF

### OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

R. GORDON DOUGLAS, M.D.

### CONSULTING OBSTETRICIANS AND GYNECOLOGISTS

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J. RANDOLPH GEFFERT, M.D.

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ARTHUR V. GREELEY, M.D.

JOSEPH N. NATHANSON, M.D.

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NELSON B. SACKETT, M.D.

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### ASSOCIATE ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

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OSCAR GLASSMAN, M.D.

JUSTIN T. CALLAHAN, M.D.

ANN P. KENT, M.D.

JOHN T. COLE, M.D.

ROBERT LANDESMAN, M.D.

ROBERT L. CRAIG, M.D.

GEORGE SCHAEFER, M.D.

WILLIAM F. FINN, M.D.

E. FLETCHER SMITH, M.D.

WILLIAM P. GIVEN, M.D.

CHARLES T. SNYDER, M.D.

### ASSISTANT ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

HUGH R. K. BARBER, M.D.

GRAHAM G. HAWKS, M.D.

NAEF K. BASILE, M.D.

JOHN R. LANGSTADT, M.D.

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WILLIAM D. McLARN, M.D.

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ALFRED BROCKUNIER, M.D.

VIRGINIA K. PIERCE, M.D.

MYRON I. BUCHMAN, M.D.

RICHARD A. RUSKIN, M.D.

DAVID B. CRAWFORD, M.D.

EDWARD F. STANTON, M.D.

E. WILLIAM DAVIS, JR., M.D.

WILLIAM J. SWEENEY, III, M.D.

THOMAS F. DILLON, M.D.

JOHN S. VAN MATER, M.D.

HUGH HALSEY, II, M.D.

VIRGINIA WERDEN, M.D.

HERBERT A. ZACCHEO, M.D.

### COURTESY STAFF

DAVID N. BARROWS, M.D.

WILLIAM H. CARY, M.D.

W. HALL HAWKINS, M.D.

### PROVISIONAL ASSISTANT, OBSTETRICS AND GYNECOLOGY

ROBERT N. MELNICK, M.D.

## STAFF—*Continued*

### SECOND YEAR RESIDENTS

CHARLES A. DE PROSSE, M.D.      JAMES P. McNEIL, JR., M.D.  
\*HOLDEN K. FARRAR, JR., M.D.    \*ROBERT M. WAGNER, M.D.

### FIRST YEAR RESIDENTS

EDWARD C. MANN, M.D.      JAY B. SKELTON, M.D.  
EDMUND McC. STAPLEFORD, M.D.

### THIRD YEAR ASSISTANT RESIDENTS

RONALD H. ALLEN, M.D.      \*BENNETT BARTON, M.D.  
\*ROBERT I. AYERST, M.D.      WALTER L. FREEDMAN, M.D.  
KENNETH R. BALDWIN, M.D.    MELVILLE A. PLATT, M.D.  
ROBERT E. WIECHE, M.D.

### SECOND YEAR ASSISTANT RESIDENTS

ANGUS M. G. CROOK, M.D.      A. JEFFERSON PENFIELD, M.D.  
JOHN F. DIETEL, M.D.      SAMUEL F. RYAN, M.D.  
A. GARLAND JONAS, JR., M.D.    MARION M. SHERMAN, JR., M.D.

### FIRST YEAR ASSISTANT RESIDENTS

\*MARY BRANNIGAN, M.D.      FREDERICK SILVERMAN, M.D.  
THOMAS W. COOK, M.D.      JULIAN P. SMITH, M.D.  
HERBERT A. DIETZEL, M.D.    JAMES C. WARENSKI, M.D.  
DONALD P. FEENEY, M.D.      HAROLD D. WILSON, M.D.

### OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

ELMER E. W. KRAMER, M.D.

### ASSISTANT OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

E. WILLIAM DAVIS, JR., M.D.

### ATTENDING ANESTHESIOLOGIST-IN-CHARGE

JOSEPH F. ARTUSIO, JR., M.D.

### ASSOCIATE ATTENDING ANESTHESIOLOGIST

BENJAMIN E. MARBURY, M.D.

---

\* Until June 30, 1957.

## STAFF—*Continued*

### CHEMIST

ROY W. BONSNES, B.S., Ph.D.

### STATISTICIAN

FRANCES A. MACDONALD, A.B.

### RESEARCH ASSISTANTS

ELAINE R. GRIMM, Ph.D.

\*MARY CHRISTIAN HILL, M.S.

### LABORATORY ASSISTANTS

HELEN BODNAR

JOYCE DEIGHTON

*Pathology*

#IONE F. DAVIS

§RUTH SCHAEFER

*Bacteriology*

MARIE FLORIO

AMY MARNEY

NELSON L. OSTERBERG

*Chemistry*

### NURSING STAFF

MURIEL R. CARBERY, M.S., R.N., *Director of Nursing Service*

†VERDA F. HICKCOX, M.A., R.N., *Head of Obstetrical and  
Gynecological Nursing Service*

‡AUDREY M. MCCLUSKEY, M.A., R.N., *Head of Obstetrical and  
Gynecological Nursing Service*

KATHLEEN NEWTON SHAFER, M.A., R.N., *Head of Out-Patient  
Nursing Service and Instruction*

### DIRECTOR OF SOCIAL SERVICE

VIRGINIA T. KINZEL, B.A.

---

\* Until June 30, 1957.

# On leave of absence from September 1, 1957.

§ From September 1, 1957.

† Retired July 1, 1957.

‡ From July 1, 1957.

## REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

*To the Board of Governors of*

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting herewith the 159th Annual Report of The Lying-In Hospital of the City of New York for the year 1957.

*Statistics.* September 1, 1957 marked the twenty-fifth anniversary of the opening of the hospital at its present location. In view of the many changes that have occurred during this quarter of a century a number of figures have been prepared and are included in a later part of this report to illustrate in graphic or tabular form changes that have occurred in the category of patients cared for, in the nature of certain surgical procedures, and in selected complications. Including newborn, 12,055 patients were discharged from the hospital during the year. This figure may be compared with 12,164 in 1956 and 11,560 in the year 1955.

The number of adult discharges on the obstetrical and gynecological services for the years 1956 and 1957 according to the category of the patient is given below for comparative purposes.

### DISCHARGES

OBSTETRICAL	1956	1957
Private.....	616	615
Semiprivate.....	1,924	2,059
Pavilion.....	2,808	2,611
Total.....	5,348	5,285
GYNECOLOGICAL		
Private.....	311	312
Semiprivate.....	1,073	1,136
Pavilion.....	1,154	1,016
Total.....	2,538	2,464



These figures and previous trends have considerable significance in the following respects:

1. When this hospital was opened at its present location on September 1, 1932, there were no semiprivate accommodations.

2. Semiprivate patients were first admitted in 1934 and in 1935 accounted for 6.5 per cent of all admissions to the service.

3. There has been a progressive increase in the percentage of semiprivate patients over the years, the figure for 1957 being 41.2 per cent as compared to 38 per cent in 1956.

4. Admissions to the private service have remained essentially the same, usually between 11 and 13 per cent of all admissions each year.

5. The percentage of pavilion admissions has decreased progressively and this year represents 46.8 per cent of all admissions, the first year this figure has dropped below one-half of the total admissions. These same changes have occurred in many voluntary and teaching hospitals throughout this country. In many, as a matter of fact, both the percentage and the number of ward patients have decreased much more than on our service. The reason for this change is largely related to various kinds of hospitalization insurance carried by a large percentage of our population. Only an insignificant number of our citizens had such protection at the beginning of the period under discussion, while now more citizens of our country are covered than was the total population of the United States in 1930.

The above data are very important in consideration of our primary functions, i.e. patient care, teaching, and research activities. It is significant that the actual number of patients on the pavilion service in 1957 has decreased by 19.6 per cent as compared to 1947. The increase in new admissions to the hospital reflects a larger number of semiprivate patients. The pavilion service is the backbone of our educational activities. As it decreases percentage-wise, the resident staff must devote a greater part of their time to the care of private patients, which is not as remunerative from a training point of view as the responsibility involved in the care of pavilion patients. High quality patient care is intimately associated with a superior resident training program. Accordingly it is essential that there should be no additional decrease in the percentage of pavilion patients, and it would be highly desirable to have some increase. These facts will make it necessary to utilize semiprivate patients more extensively in both our undergraduate and graduate teach-



ing programs. This I believe can be accomplished with benefit to all concerned.

There were 4,254 deliveries during the year compared to 4,207 in 1956. Delivery operations on the obstetrical service numbered 1,658. Of these 1,286 were forceps operations representing an incidence of 30.2 per cent. There were 191 cesarean sections constituting 4.5 per cent of all deliveries. The incidence on the private service was 6.1 per cent as compared to 2.8 per cent on the pavilion service.

There are many methods of evaluating patient care on the obstetrical service, but the two most frequently employed are maternal and perinatal mortality. Other criteria for appraising patient care are incidence of toxemia and puerperal morbidity. Toxemia decreased from 7.5 per cent in 1956 to 5.4 per cent in 1957, and total puerperal morbidity from 2.1 per cent to 1.1 per cent in total pregnancies.

There were 5,285 adult discharges on the obstetrical service with two maternal deaths. Both of these patients had very rare complications. The first patient was a 21-year-old Puerto Rican woman ten weeks pregnant with bilateral granulosa cell tumors. Some 16,000 ml. of bloody ascitic fluid was removed. The resected ovarian tumors weighed 360 grams. The postoperative course was complicated by low urinary output, moderate hypotension, and paroxysmal tachycardia. The terminal phase of her illness was complicated by complete heart block and convulsion. Following autopsy, the cause of death remained obscure. The second patient, unregistered, was 32 years of age and was admitted following a history of a two-day illness. Blood pressure and pulse could not be obtained. No history of amenorrhea or the possibility of pregnancy could be elicited. It was recognized, however, that the uterus was in a puerperal state. Blood and uterine cultures were positive for gram negative bacilli. Shock, anuria, and pulmonary edema persisted and the patient died the day following admission despite intensive therapy. Autopsy by the Medical Examiner contributed no additional information.

The perinatal mortality among the 4,302 babies and fetuses who weighed 500 or more grams (1.1 pounds) numbered 109 or 2.5 per cent. The corresponding figures for infants weighing over 1,000 grams (2.2 pounds) and those weighing over 1,500 grams (3 $\frac{1}{3}$  pounds) were 1.9 and 1.4 per cent respectively. These figures are essentially the same as those for 1956 but represent the lowest perinatal mortality in the history of this hospital.

It is significant to note that of the 109 infant deaths, 80 or 73.4 per cent of the total were prematures (weight less than 2,500 grams). There were 29 deaths among the 3,986 term infants, a perinatal mortality of 0.7 per cent.

A policy was in effect during the year to admit all unregistered patients brought to the hospital by a number of ambulance services. During the year there were 179 such admissions. This practice had an adverse effect on the maternal mortality. At the same time we were provided with the opportunity of treating patients, most of whom had no prenatal care and many of whom had unusual complications, that we might not otherwise have encountered.

Gynecologic discharges numbered 2,464. The comparable figure for 1956 was 2,538. Total operations on this service numbered 2,273 of which 921 were classified as major procedures. There were 17 deaths and of these 16 were in patients with malignant neoplastic disease. Deaths following operation numbered 5 and all but one of these patients had malignant disease which was considered as the cause of death rather than the operative procedure. This last patient, who was on the private service, had diabetes and a previous coronary occlusion. The postoperative course was complicated by delirium and prostration. Death, which occurred on the third day following surgery, was attributed to circulatory complications. Permission for autopsy was not granted.

*Changes in the Physical Plant.* Construction of the new recovery room which had been long discussed was finally commenced on August 1 and opened for the care of patients on December 2. Space requirements were the chief reasons for the delay in construction. The recovery room is located in an L-shaped area of 930 square feet on the northwest corner of floor M-8 formerly occupied by an anesthesia room, a linen supply room, a portion of corridor, one labor room, the nurse's dressing room, and the nurse's station for the operating rooms. This area is strategically located between the operating and delivery rooms and is designed for use by both obstetrical and gynecological patients. The design, location, and equipment in this room are superior. It is anticipated that this much needed facility, which accommodates nine patients, will greatly improve patient care. The development of this area necessitated the construction of a new nurse's station. Also a new nurse's dressing room on the ninth floor was constructed which provides a greatly improved

area over the former small and over-crowded facility. Sound-proofing of the corridors of the entire operating and delivery floor, laboratory, utility, and labor rooms was accomplished through a generous gift for this purpose.

The south end of Pavilion M-5, an area accommodating 16 patients, was converted into four separate units each with 4 beds and new toilet facilities. This alteration was similar to that accomplished one year previously on Pavilion M-2.

No structural changes in our newborn nurseries have been effected since the construction of the hospital. I feel very strongly that a reconstruction program should be initiated during the coming year.

*Staff.* Dr. Roy W. Bonsnes assumed new duties as Chemist to Central Laboratories throughout the center on December 1. These additional responsibilities will decrease to some extent the amount of time he can devote to research and patient care in the Department of Obstetrics and Gynecology but the change will improve patient care throughout the Center.

Dr. E. William Davis has served as a consultant to the Maternity Center Association. In addition to the service he renders this organization, the relationship has resulted in the transfer of patients with complications to this institution.

Miss Verda Hickcox, who directed the nursing service of The Lying-In Hospital for the past twenty-five years, retired on June 30, 1957. Her many accomplishments during these important years in medical progress are well known to her friends and associates. Miss Hickcox has made a great contribution in organizing and instituting an educational program in preparation for pregnancy, labor, and parenthood. This program is now so well accepted by the professional staff that it is considered an integral and essential part of our service. As anticipated, Miss Hickcox's interest in maternal and infant welfare did not terminate with her service in this department, but she immediately embarked on a research project in the Department of Public Health in Cornell University Medical College on the Navajo reservation. Miss Hickcox is succeeded by Miss Audrey M. McCluskey, an able leader in the nursing profession.

Drs. Alfred Brockunier, Jr., Herbert A. Zaccheo, and Bernard N. Nathanson were newly appointed to the attending staff. Dr. Robert N. Melnick has served as a Fellow supported by the American Cancer Society. The addition of two new members

to the resident staff, bringing the number to twenty-two, was accomplished on July 1. This has proved to be a very valuable change and has significantly improved patient care.

*Research.* Dr. Thomas F. Dillon and associates have continued the investigation of clinical uses of oxytocin and vasopressin. The latter drug in dilute form has been used for injection into the uterus and parauterine tissues as a hemostatic agent for such operations as myomectomy, tubal implantation, unification, and vaginal hysterectomy. This potent hormone has proved to be a valuable vasoconstrictor and also appears to have a muscle contraction activity. A total dosage of only four units greatly decreases blood loss. Continuous electrocardiographic recordings during the operation have been done to detect any possible effect in the coronary circulation. To date none has been observed. A colored motion picture of an extensive myomectomy illustrating the profound blanching of the uterus is nearing completion.

Clinical trials of the comparative effectiveness of synthetic and purified natural oxytocin to induce or stimulate labor have been conducted. The study indicates that the synthetic preparations employed have a biologic action indistinguishable from the natural product.

After a number of trial preparations, we now have a linguet tablet for transbuccal administration of oxytocin. Technical difficulties with stabilization of the hormone have delayed clinical investigation with this method of administration for milk let-down action and for the stimulation of labor. However, it has been established that this is a practical method of administering the hormone and one that has significant advantages over the parenteral method of administration for certain nursing mothers. It is anticipated that the problem of deterioration will be overcome in the near future. Dr. Vincent du Vigneaud of the Department of Biochemistry has collaborated in these investigations. The work has been supported in part by funds from the National Institute of Health and from Parke, Davis and Co.

Dr. Edward C. Mann and his associates have continued their psychiatric investigation of habitual abortion. This study, which is supported by the Commonwealth Fund and which seeks to determine the role of emotional determinants in the causation of habitual abortion, is now in its fourth year. To date, 160 habitual aborters, all of whom present histories of at



least three consecutive spontaneous abortions, have been investigated from both the gynecologic and psychiatric standpoints. Of this number, two patients were found to have a bicornuate uterus and have since undergone unification procedures; one patient was found to have cervical carcinoma for which a hysterectomy was performed; and twelve patients were found (by way of intrauterine balloon studies) to have an incompetent cervical os, a condition which is being experimentally approached through pre- and post-conceptual surgical procedures designed to restore the sphincteric function of the cervix.

The remaining 145 habitual aborters have been found free of discernible abortigenic pelvic pathology and to be remarkably alike from the standpoint of personality disturbances. These patients, after detailed psychologic and psychiatric evaluation, are managed by way of psychotherapy. Of the 64 patients who, by virtue of delivery or abortion, have responded successfully or unsuccessfully to this approach, 51 have been delivered of full-term normal living infants and 13 have aborted. Thus, our success rate, with brief psychotherapy alone, has been approximately 80 per cent. Of added significance is a small relapse rate. Eleven successfully delivered habitual aborters have been followed through a second pregnancy and only one has aborted.

Dr. Roy W. Bonsnes and associates are conducting chemical research in various aspects of metabolism during pregnancy. Efforts at present are being directed toward a study of blood pH during pregnancy and the determination of the variation in blood 17,21 dihydroxycorticoids in pregnant diabetic patients. Dr. William J. Sweeney is collaborating in the former study and Dr. William P. Given in the latter study.

Dr. Robert Landesman and associates, supported by a grant from the National Institute of Health, have conducted experiments in  $\text{Na}^{24}$  clearance from the cervix in normal and toxemic pregnancy as a measure of uterine circulation. The equipment involves the use of a specially constructed long vaginal probe, a scanner, and a timer. In a study of some fifty patients, the only complication has been controllable bleeding from the site of injection in some individuals. Repeated studies at weekly intervals on a few patients during the last two months of pregnancy are being conducted. The amount of radioactivity involved is infinitesimal. No conclusions have as yet been made.

A new antihypertensive agent, Su-3118, has been employed in hypertensive disease complicating pregnancy. This drug, a

derivative of reserpine, appears to have fewer undesirable effects than reserpine but it may not be as effective in lowering the blood pressure.

Chlorothiazide, a new carbonic anhydrase agent, has been evaluated for its diuretic activity in toxemia patients and in those with vascular disease and water retention. So far, no toxic effects have been observed and its diuretic activity appears to be more effective than previously available preparations.

Conjunctival vascular studies have been continued in toxemia patients. Dr. Landesman discussed this subject, supported by motion pictures, at a symposium on non-toxemic hypertensive disease in London, England in July.

Dr. William J. Sweeney has completed a study of technics of hysterograms and their interpretation. Preoperative films were compared with those obtained following removal of the uterus. This investigation demonstrated that variations in technic obliterated pathological lesions on the one hand, and on the other hand caused artifacts that were interpreted as true abnormalities. The study will make it possible to decrease potential radiation hazards by a better selection of patients for this type of investigation and by employing fewer films and obtaining more accurate interpretation.

Many other members of the staff have initiated and continued investigations in different clinical problems and have contributed to many scientific programs in this country, Canada, and Europe during the year.

Two books have been published during the year: *Gynecologic Surgery and Urology* by Thomas L. Ball, published by C. V. Mosby Co., (June 1957, 547 pages illustrated with 161 full page plates); *Operative Obstetrics* by R. Gordon Douglas and William B. Stromme, published by Appleton-Century-Crofts, Inc., (September 1957, 750 pages with 859 illustrations).

The Nursing Department has been awarded a substantial grant from the Bureau of Maternal and Child Health of the Department of Health, State of New York for a demonstration training program in maternity and infant care. Miss Vera Keane will direct this project which will be carried out during the year 1958. She will be supported in this program by her associates in the Nursing Department and by members of the attending staff.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best care to our patients. I am grateful for valuable help from Dr. Joseph C. Hinsey,

Director of The New York Hospital-Cornell Medical Center, Dr. Henry N. Pratt, Director of The New York Hospital, Dr. August H. Groeschel, Associate Director, Dr. E. Hugh Luckey, Dean of the Cornell University Medical College, Dr. John E. Deitrick, who succeeded him in July, and Mr. Laurence G. Payson, Secretary and Treasurer of The Society of the New York Hospital. The staff is most grateful to the Board of Governors of The Society of the New York Hospital and to the Ladies' Auxiliary to The Society of The Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. GORDON DOUGLAS, M.D.  
*Obstetrician and Gynecologist-in-Chief*

## REPORT OF THE HEAD OF OBSTETRIC AND GYNECOLOGIC NURSING SERVICE

*To the Board of Governors of*

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting the Annual Report of the Lying-In Hospital Nursing Service and Nursing Education Program for the year 1957.

### *Patient Care*

With numbers of patients comparable to those cared for in 1956, this has been another busy year. Efforts to maintain high standards of patient care have continued despite the nurse shortage.

The opening of the new recovery room near the end of this year has already produced improvements in patient care, particularly in gynecology. Through immediate postoperative supervision for surgical patients in the recovery room, closer and safer patient care can be achieved by the nursing staff. Service to other patients on the gynecologic pavilions is less disrupted now that nurses can give full attention to providing better continuity of care during the day, rather than having to make special provisions for observation of postoperative patients.

Expectant parent education continues in the maternity nursing service with ever increasing interest and attendance. Twenty-two per cent or 935 of the 4,234 patients delivered here in 1957 participated in the "Preparation for Parenthood Program." This represents an increase of 4% over 1956. Six hundred and fifty-eight mothers participated for the first time and 277 attended earlier programs. This gives evidence that some parents feel the need for more than one preparation.

Rooming-in continues to be in demand. Physical facilities for mothers who wish to room-in will bear close scrutiny in the future. Many mothers, particularly in the semiprivate group, have had to wait for accommodations on the rooming-in unit. Nursing supervisors have been giving special attention to this situation.



## *Staffing*

Although the full quota of graduate professional nurses has not been met, an upward trend in the numbers of graduate nurses started in October and has continued. This year the number of resignations did not exceed the number of appointments. There have been approximately ten more staff members during the last three months of this year as compared to numbers over the past four years. Only two charge nurse positions have remained unfilled. Our task now is to maintain this number of professional staff nurses. It is our sincere hope that this trend will continue.

## *Staff Education*

In addition to the hopeful professional staff situation, efforts are being continued to use the abilities of auxiliary personnel to their fullest. A special training program for nursing aides has been instituted on the labor and delivery service with some measure of success. By teaching auxiliary workers to assume greater responsibility for the more technical and repetitive tasks in this service, the professional nurse is able to give more time to the support of mothers in labor.

Special training programs are being planned for those aides who assist in the semiprivate postpartum unit, M-2, and in the admitting unit. Another program has been started for baby nurses who assist in the nurseries.

Greater educational opportunities for the nursing staff on the gynecologic units are being explored. A three-month assignment to M-4 or M-5 was offered to graduates of Cornell University-New York Hospital School of Nursing who joined the staff this fall. Although no formal teaching was offered, the two graduates who took advantage of this opportunity feel that this has been a beneficial practical experience.

To provide better continuity of care on M-4, plans are being completed for weekly patient conferences, with participation by the medical staff, social service caseworker, occupational therapist, and nursing staff.

Instructors within the department have continued to take part in maternity institutes and workshops outside the center. Such programs were held in Massachusetts, New York, New Jersey, Pennsylvania, Illinois, Michigan, Wyoming, Montana, and Canada.

### *Special Project*

For the past three years, the New York State Department of Health, in cooperation with the U. S. Children's Bureau, has been interested in developing a demonstration center where parent group education activities could be shown to be an integral part of a total nursing service within a hospital setting. With such a center in operation, professional people would be able to observe, study, and evaluate the organization, the implementation, and the impact of such services. They might also determine whether these services could be applied in their own institutions or settings and in what ways they could be applied. Through funds made available by the New York State Department of Health, the first steps were taken to assist us in setting up such a demonstration center. The two instructors in the Preparation for Parenthood Program and four other nurses, two from the Department of Obstetrics and two from Pediatrics, participated in a Training Program for Leadership of Parent Groups provided by the Child Study Association of America. In September of this year the two instructors in the Preparation for Parenthood Program continued to participate in an additional training program at Child Study Association of America. The additional program was designed to help them supervise other individuals training to be group leaders.

In October of this year the New York State Department of Health granted \$10,000 to the department to begin the development of the demonstration center originally envisioned. Miss Vera Keane, Instructor-Supervisor in the Obstetric and Gynecologic Nursing Service, was released from her regular teaching responsibilities for a year to direct the program.

### *Nursing Education*

*Basic Students.* A total of 109 undergraduate students completed twelve weeks of study and practice in maternity and gynecologic nursing; sixty-six from the Cornell University-New York Hospital School of Nursing, twenty-two from the Skidmore College Department of Nursing, and twenty-one from the University of Vermont School of Nursing. Fourteen students returned to this department for a senior experience. Seven of the senior students who have had experience in the department returned to join the graduate staff. Beginning in March, formal classes in gynecology for students were revised and greater emphasis was given to their practice in the gynecologic outpatient service.

*Practical Nurse Students.* Thirty students from the Hospital for Special Surgery School for Practical Nurses completed a five-week program in maternity nursing. The program has been reduced from six weeks to five weeks with elimination of the elective week.

*Graduate Nurse Field Students.* Thirty-two graduate students had field work experience in the maternity service during the year. Twenty-four of these students were in the Maternal and Child Health Program at Teachers College, Columbia University. For the first time, eight graduate students from the University of Boston Maternal and Child Health Program had a four week field experience here.

I wish to take this opportunity to express my gratitude to the many people who have welcomed me to the Obstetric and Gynecologic service and who have made this new opportunity a very stimulating one.

Respectfully submitted,

AUDREY M. McCLUSKEY  
*Head of Obstetric and Gynecologic  
Nursing Service*

## REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

*To the Board of Governors of*

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

It is my privilege to present the 1957 report of the Ladies' Auxiliary to The Society of the Lying-In Hospital.

First of all, I would like to stress the remarkable results that Mrs. Robert Grier continues to achieve as head of the Babies' Alumni. Due to her and her devoted committee there have been 2,260 new registrations this year, totalling \$4,016.50. In addition there were 2,744 renewals, bringing in \$5,340.00 with nineteen donations of \$92.00, giving a final figure of \$9,448.50. This shows an advance of \$673.00 over the receipts of 1956. We are most grateful.

The Babies Class was again in charge of Mrs. Graham Hawks and we are glad of a \$21.00 increase over last year's receipts, making the present figure \$382.00. The layettes that are distributed to fill emergencies were in Mrs. Marco Johannsen's charge till she moved to Florida this Fall, at which time we had to accept her resignation with deep regret. Her most efficient organization of the supplies made it easy for Mrs. von Hemert to assume responsibility for the layettes. It is most unfortunate that we can no longer turn to the A. W. V. S. to complete our layettes as the organization has been dissolved. For the moment our supply on hand is adequate.

It is with very sincere thankfulness that we again have received 85 layettes from the WOR Children's Fund. It is most generous on their part.

During the past twelve months we have distributed three large and six small layettes of our own, besides 85 donated by Station WOR.

Not only are we indebted to our Treasurer, Mrs. Paul Pryibil, for handling our finances so superbly, but this year she has also guided us through the United Hospital Fund drive as well as taken charge of Box Week. Our indebtedness and thanks to her are immeasurable.

We again solicited at Mary Elizabeth's restaurant and Mrs. Pryibil was permitted to collect at the uptown branch of the Bank of New York. They have our grateful thanks.

The Board of Governors has again given us their backing and support, for which we are truly grateful.

Our admiration of the excellent work done this past year by Mrs. Kinzel and her staff is more than merited. The various cases presented to our Board by the different staff members as examples of current problems have been found most interesting and revealing.

Respectfully submitted,

A. ROUTH VON HEMERT, *President*

# LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

## Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1957

CASH BALANCE, JANUARY 1, 1957 (including General Fund with Treasurer of  
Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund \$76.00).... \$ 3,674.26

### RECEIPTS:

#### Dues:

Patron .....	\$ 400.00	
Contributing .....	400.00	
Sustaining .....	630.00	\$ 1,430.00

#### Donations:

United Hospital Fund (including Greater New York Fund) .....	\$ 6,262.60	
The Society of the New York Hospital .....	7,000.00	
Abraham L. Danziger Fund .....	75.00	
Other .....	310.73	13,648.33

Babies' Alumni—Dues .....	9,473.50	
Babies' Class—Dues .....	382.00	24,933.83

Total Receipts..... \$28,608.09

### DISBURSEMENTS:

#### Salaries:

Professional Staff .....	\$19,076.37	
Clerical Staff .....	4,688.45	23,764.82

Supplies and Expense .....	1,902.60	
Medical Relief .....	14.16	
Transportation of Patients .....	13.05	

#### Advances to Patients:

Cash Relief .....	30.00	
Purchase of Equipment for Patients from Abraham L. Danziger Fund .....	103.00	

Total Disbursements..... \$25,827.63

CASH BALANCE, DECEMBER 31, 1957 (including General Fund with Treasurer of  
Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund of \$48.00).. \$ 2,780.46

Respectfully submitted,

HELEN PORTER PRYBIL, *Treasurer.*

# LADIES' AUXILIARY

## TO

### THE SOCIETY OF THE LYING-IN HOSPITAL

1958

#### OFFICERS

MRS. A. PHILIPPE VON HEMERT . . . . .	<i>President</i>
MRS. GEORGE E. WATSON, JR. . . . .	<i>Vice President</i>
MRS. PAUL PRYIBIL . . . . .	<i>Treasurer</i>
MRS. FREDERICK H. GOWEN . . . . .	<i>Assistant Treasurer</i>
MRS. DAVID N. BARROWS . . . . .	<i>Recording Secretary</i>
MRS. GRAHAM G. HAWKS . . . . .	<i>Corresponding Secretary</i>

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MRS. ALLAN S. LOCKE	MRS. JOHN O. VON HEMERT

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MRS. ROBERT S. GRIER . . . . .	<i>Chairman of Babies' Alumni</i>
MRS. GRAHAM G. HAWKS . . . . .	<i>Chairman of Babies Class</i>
MRS. PAUL PRYIBIL . . . . .	<i>Chairman of Ways and Means</i>



LADIES' AUXILIARY  
TO  
THE SOCIETY OF THE LYING-IN HOSPITAL

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Hawks, Mrs. Graham G.	Ruskin, Mrs. Richard
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Searls, Mrs. Fred J.	Trevor, Mrs. Bronson
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Stanton, Mrs. Edward F.	von Stade, Mrs. F. Skiddy
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Symington, Mrs. J. Fife, Jr.	Wellington, Mrs. Herbert G.
Tappin, Mrs. Huntington	Woolley, Mrs. Knight
Whitridge, Mrs. Arnold	

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### ENDOWED BEDS

1895	MR. AND MRS. GEORGE G. WILLIAMS. <i>In Memory of</i> MRS. ROBERT L. STUART
1902	ANNA WOERISHOFFER. <i>In Memory of</i> ANTOINETTE, COUNTESS SEILERN
1912	MRS. GEORGE P. EUSTIS. <i>In Memory of her mother,</i> LUCY MORGAN STREET
1912	ANNA WOERISHOFFER. THE ANNA WOERISHOFFER BED
1914	LILLA GAITES. THE MARIE STUART BED
1916	HENRY CLAY FRICK
1928	ESTATE OF HENRI D. DICKINSON. <i>In Memory of</i> IDA MAY DICKINSON.



## REPORT OF THE DIRECTOR OF SOCIAL SERVICE

*To the Board of Governors of*

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I take great pleasure in presenting the Annual Report of the Social Service Department of the Lying-In Hospital for the year 1957.

Whatever the current situation may be—depression, war, post war recovery, boom or slump—people continue to need help with their problems. This year 749 patients came or were referred to the Social Service Department for help.

Their problems covered a wide range. There were not only the well known services of helping mothers to plan for their families while they were in the hospital, arranging convalescent care, referral to relief giving agencies, but also the long term case work services in such situations as assisting a patient and her family to accept long term hospitalization, dealing with the shock of the birth of a handicapped child or aiding the recent migrant to adjust to a new culture.

At times we found ourselves frustrated in our efforts to help due to serious lacks in community resources, many existing for some years. Some of these are housing, day care facilities, services for the unmarried mother who wishes to keep her child, and resources for terminal care.

Our deep interest in and concern for the unmarried mother and her child continued. One hundred sixty-four unmarried mothers were known to us in 1957. A study made during the year brought to light, among other things, the fact that 65 per cent of these young women came to the hospital before going to any agency. This points up the medical social worker's responsibility in many areas; for instance, case finding, making known services available and helping the patient to reach them, primary case work responsibility in many instances, close cooperation with other agencies and interpretation to other hospital personnel of the many difficulties faced by this particular group.

Our advisory role in the student nurse projects was somewhat expanded this year. We were also happy to be included in the Planning Conference for setting up a Demonstration

Center in Maternity Care Concepts and Practices. In these and other ways we continued our close working relationship with the Nursing Department.

Our activity in the community included participation in the Lenox Hill Housing Committee, the Yorkville Civic Council, the Community Council's Committee on Family and Child Welfare and subcommittee on Problems of Unmarried Mothers and Adoption (of which the Director was chairman).

We were again fortunate in the devoted group of volunteers who worked so successfully for our Babies' Alumni and wish to offer our sincere thanks to them for the 1,321 hours of service they contributed.

One hundred and sixty-eight books were donated to the Department for the Patients' Library.

We continued to receive a generous grant from the Danziger Fund for the purchase of orthopedic appliances. The WOR Children's Fund donation of 85 layettes was deeply appreciated.

The Administration helped and guided us in many ways. We appreciated the opportunity to participate in the Work Simplification Program offered by them.

The friendly cooperation of our fellow workers in the hospital was most welcome. Dr. Douglas and the Ladies' Board gave us the support and guidance we have learned to count on and for which we are very grateful.

Respectfully submitted,

VIRGINIA T. KINZEL

*Director of Social Service*

## PATRONS AND BENEFACTORS

*A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.*

### PATRONS

HARRIETTE M. ARNOLD	JOSEPH F. LOUBAT
VINCENT ASTOR FOUNDATION	J. PIERPONT MORGAN
ROBERT BACON	J. PIERPONT MORGAN, JR.
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EDWARD F. COLE	HERBERT L. PRATT
FLORENCE K. and MAXWELL M. GEFFEN	DANIEL G. REID
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THOMAS W. LAMONT	CHARLES STEELE
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ASA B. DAVIS, M.D.	MRS. SIDNEY A. KIRKMAN
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CLARENCE H. MACKAY  
JOHN MARKLE  
JOHN MAYER  
Mrs. JOHN GODFREY MOORE  
JUNIUS S. MORGAN, JR.  
OSWALD OTTENDORFER  
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WILLIAM E. RANDOLPH  
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F. DELANO WEEKES  
GRACE G. WILKES  
GEORGE G. WILLIAMS  
EGERTON L. WINTHROP  
Mrs. ROBERT WINTHROP  
ANNA WOERISHOFFER

## DISTRIBUTION OF BEDS

OBSTETRICAL	<i>Adult</i>	<i>Bassinets</i>
Private.....	16	16
Semiprivate.....	39	28
Pavilion.....	72	58
Total.....	127	102
GYNECOLOGICAL		
Private.....	10	
Semiprivate.....	26	
Pavilion.....	43	
Total.....	79	
Total Adult Beds.....	206	
Total Bassinets.....	102	
Grand Total.....	308	

## DISCHARGES

OBSTETRICAL (Adults)			
Private.....	615		
Semiprivate.....	2,059		
Pavilion.....	2,611	5,285	
GYNECOLOGICAL			
Private.....	312		
Semiprivate.....	1,136		
Pavilion.....	1,016	2,464	7,749
NEWBORN.....			4,302
INFANT BOARDERS.....			4
			<u>12,055</u>

## SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1957

### TOTAL NUMBER

*Obstetrical adult patients.....	115,179
*Infants.....	95,016
Gynecological patients.....	40,076
GRAND TOTAL.....	250,271

\* Includes John E. Berwind Free Maternity Service operated by this department from September 1, 1932 to May 1, 1942.

# STATISTICS OBSTETRICAL DEPARTMENT

January 1, 1957—December 31, 1957

		<i>Per Cent of 5,285 Adult Discharges</i>
TOTAL DISCHARGES	<i>Number</i>	
*Abortion, operative.....	402	7.6
Abortion, spontaneous.....	38	0.7
Premature operative delivery.....	112	2.1
Premature spontaneous delivery.....	173	3.3
Full term operative delivery.....	1,546	29.3
Full term spontaneous delivery.....	2,423	45.8
Ectopic pregnancy (22 tubal, 1 cornual, 1 ?type).....	24	0.4
Hydatidiform mole (1 malignant, 1 probably malignant, 3 intermediate type, 1 benign).....	6	0.1
Discharge before delivery.....	462	8.7
Postpartum (within 6 weeks).....	78	1.5
Postpartum (after 6 weeks).....	20	0.4
Died undelivered.....	1	0.02
Infant boarders.....	4	
TOTAL.....	5,289	
RACE (PREGNANCIES)		
White.....	4,353	92.1
Colored.....	371	7.9
TOTAL.....	4,724	100.0
PRESENTATION (FULL TERM AND PREMATURE DELIVERIES)	<i>Number</i>	<i>Per Cent</i>
Vertex.....	4,053	95.3
Breech.....	172	4.0
Brow.....	3	0.07
Face.....	8	0.2
Transverse.....	11	0.3
Compound.....	3	0.07
Shoulder.....	1	0.02
Not known.....	3	0.1
TOTAL.....	4,254	100.0

\* In this report weight is the standard for classification of infants as follows:

	<i>Weight in Grams</i>
Abortion.....	Less than 500
Premature infant.....	500-2499
Full term infant.....	2500 and over

OPERATIONS (FULL TERM AND PREMATURE DELIVERIES)	<i>Number</i>	<i>Per Cent of Total Deliveries</i>
Forceps		
Low.....	655	15.4
Low-Mid.....	501	11.8
Mid.....	128	3.0
High.....	2	0.05
TOTAL.....	1,286	30.2
Forceps, rotation instigated only.....	1	0.02
Breech with forceps to after-coming head....	34	0.8
Breech extraction.....	13	0.3
Breech with MSV maneuver.....	76	1.8
Assisted breech.....	1	0.02
Bracht maneuver with breech.....	1	0.02
Version and extraction (3 on second twin)...	4	0.1
Craniotomy.....	1	0.02
Manual extraction of shoulders.....	1	0.02
Manual removal of placenta.....	49	1.2
Cesarean Section:		
Classical.....	25	0.6
Low cervical.....	163	3.8
Radical (hysterectomy).....	3	0.1
TOTAL.....	191	4.5
TOTAL OPERATIVE DELIVERIES.....	1,658	39.0
Episiotomy (spontaneous and operative deliveries).....	3,402	80.0
Repair of third degree laceration (spontaneous and operative deliveries).....	163	3.8

INDICATIONS FOR CESAREAN SECTION	<i>Number</i>	<i>Per Cent of Cesarean Sections</i>
Contracted Pelvis and Mechanical Dystocia		
Fetopelvic disproportion.....	32	16.8
Contracted pelvis.....	7	3.7
Presentation (6 transverse, 4 breech).....	10	5.2
Cervical dystocia.....	2	1.1
Previous vaginal plastic.....	1	0.5
Previous amputation of cervix.....	3	1.6
Previous abdominoperineal resection for cancer of rectosigmoid.....	1	0.5
Dystocia due to congenital vaginal septum	1	0.5
Constriction ring.....	1	0.5
TOTAL.....	58	30.4

# INDICATIONS FOR CESAREAN SECTION—*Continued*

	<i>Number</i>	<i>Per Cent of Cesarean Sections</i>
Toxemia		
Mild preeclampsia.....	2	1.1
Severe preeclampsia.....	5	2.6
TOTAL.....	7	3.7
Previous Cesarean Section.....	74	38.7
Previous myomectomy.....	1	0.5
Hemorrhage		
Placenta previa.....	14	7.3
Premature separation of placenta.....	6	3.1
Placenta previa and premature separation..	2	1.1
TOTAL.....	22	11.5
Intercurrent Disease		
Diabetes.....	2	1.1
Miscellaneous		
Elderly primipara.....	12	6.3
Prolapsed cord.....	2	1.0
Fetal distress.....	6	3.1
Failed forceps.....	5	2.6
Mechanical small bowel obstruction.....	1	0.5
Cancer of cervix, Stage II.....	1	0.5
TOTAL.....	27	14.1
GRAND TOTAL.....	191	100.0

## Incidence of Cesarean Section

Total.....	4.5%
Private.....	6.1%
Pavilion.....	2.8%

## OBSTETRICAL COMPLICATIONS

IN TOTAL DELIVERIES	<i>Number</i>	<i>Per Cent</i>
Placenta previa.....	18	0.4
Premature separation of placenta.....	61	1.4
Placenta previa and premature separation....	2	0.05
Suspected marginal sinus rupture.....	6	0.1
First trimester bleeding.....	246	5.6
Second trimester bleeding.....	53	1.2
Third trimester bleeding.....	154	3.6
Defects in previous uterine scars.....	11	0.3
Postpartum hemorrhage (C. S. excluded)....	77	1.8



## OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL DELIVERIES— <i>Continued</i>	<u>Number</u>	<u>Per Cent</u>
Puerperal bleeding.....	67*	1.6
Contracted pelvis.....	136	3.2
Prolonged labor.....	16	0.4
Prolapsed cord.....	5	0.1
Fetal distress.....	270	6.3
Inversion of uterus.....	1	0.02
Contraction and constriction ring.....	2	0.05

### IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)

Toxemia Total.....	255	5.4
Severe preeclampsia.....	17	0.4
Mild preeclampsia.....	112	2.4
Hypertensive disease and severe preeclampsia.....	1	0.02
Hypertensive disease and mild preeclampsia.....	16	0.3
Hypertensive disease.....	99	2.1
Renal disease and severe preeclampsia.....	1	0.02
Renal, hypertensive disease and severe preeclampsia.....	2	0.04
Renal, hypertensive disease and mild preeclampsia.....	1	0.02
Renal disease and hypertensive disease.....	2	0.04
Unclassified.....	4	0.1
Antepartum infection.....	8	0.2
Intrapartum infection (18 among abortions)..	29	0.6
Febrile postpartum course.....	51	1.1
—puerperal infection.....	37	0.8
—mastitis.....	1	0.02
—pyelitis.....	6	0.1
—intercurrent disease (3 urinary, 2 respiratory infections).....	5	0.1
—other (1 wound dehiscence and ileus, 1 infected episiotomy).....	2	0.04
One day fever.....	122	2.6
Anemia		
Antepartum.....	279	5.9
Postpartum.....	254	5.4
Thrombophlebitis		
Antepartum.....	9	0.2
Postpartum.....	58	1.2
Hydramnios.....	19	0.4
Separation of symphysis.....	4	0.1

\*Includes 41 postpartum admissions, whether or not delivered here.

## OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)— <i>Continued</i>	<u>Number</u>	<u>Per Cent</u>
Fracture coccyx.....	1	0.02
Vaginal or perineal hematomas.....	10	0.2
Abdominal hematomas.....	2	0.04
Avulsion of right uterosacral ligament.....	1	0.02
Wound dehiscence (abdominal).....	3	0.1
Infected episiotomy.....	6	0.1
Separation of episiotomy.....	2	0.04
Paralytic ileus.....	5	0.1
Intestinal obstruction.....	4	0.1
Septicemia.....	2	0.04
Puerperal psychosis.....	5	0.1
Pulmonary embolus (1 postpartum admission)	3	0.1
Atelectasis.....	1	0.02
Postoperative hypotension, auricular and ven- tricular tachycardia, eventual complete heart block, died undelivered (bilateral granulosa cell tumors of ovaries with mas- sive ascites).....	1	0.02
Transient heart block.....	2	0.04
Tachycardia.....	2	0.04
Cerebral damage due to prolonged hypo- glycemic coma.....	1	0.02
Convulsions due to postencephalitic syndrome	1	0.02

## PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

	<u>Full Term</u>	<u>Premature</u>	<u>Total</u>	<u>Per Cent of Previous C. S. Among Deliveries</u>
DELIVERIES				
Cesarean Section.....	71	3	74	64.9
Vaginal Operative.....	25	2	27	23.7
Spontaneous.....	11	2	13	11.4
TOTAL.....	107	7	114	100.0
ABORTIONS.....	..	..	16	
TOTAL PREVIOUS C. S.			130	

## ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)	<i>Number</i>	<i>Per Cent</i>
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>

### GYNECOLOGICAL

Myoma.....	117	2.5
Ovarian cyst.....	41	0.9
Endometriosis or history of endometriosis.....	10	0.2
Carcinoma of cervix, invasive.....	1	0.02
Carinoma of cervix in situ.....	1	0.02
History of carcinoma of cervix in situ.....	3	0.1
Cervical polyp.....	36	0.8
Nabothian cysts.....	20	0.4
Bartholin's duct cyst.....	9	0.2
Vaginal inclusion cyst.....	5	0.1
Condylomata.....	3	0.1
Other gynecological tumors.....	31	0.7
Lacerated cervix.....	108	2.3
Incompetent cervical os (abortions).....	4	0.1
Cystocele.....	163	3.5
Rectocele.....	99	2.1
Rectovaginal fistula.....	1	0.02
Vulval varicosities.....	78	1.7
Bicornuate uterus.....	16	0.3
Other uterine anomaly (2 double, 3 septate, 1 arcuate, 1 with cleft in fundus).....	7	0.1
Vaginal septum.....	4	0.1
Double vagina.....	1	0.02
Other gynecological disease.....	127	2.7

### MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)

#### *Circulatory*

Heart disease, total.....	139	2.9
Potential or probable.....	16	0.3
Recurrent paroxysmal tachycardia.....	1	0.02
History of chorea.....	3	0.1
Hemorrhoids.....	143	3.0
Varicose veins (not vulval).....	313	6.6
Other circulatory.....	39	0.8

#### *Respiratory*

Tuberculosis, pulmonary total.....	71	1.5
Active.....	3	0.1
Inactive.....	64	1.4
Questionable activity.....	4	0.1
Bronchiectasis.....	2	0.04
Pneumonia (A. P.).....	6	0.1
Pneumonia (P. P.).....	8	0.2
Asthma.....	56	1.2
Bronchitis.....	17	0.4
Hay fever.....	43	0.9

# ANTEPARTUM AND CONCURRENT CONDITIONS—*Continued*

## IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)—*Continued*

### MEDICAL (EXCEPT GYNECOLOGICAL DISEASE) —*Continued*

	<i>Number</i>	<i>Per Cent</i>
<i>Respiratory</i> —Continued		
Previous lobectomy.....	3	0.1
Previous pneumothorax.....	2	0.04
Previous thoracoplasty.....	1	0.02
Upper respiratory infection.....	63	1.3
Other respiratory.....	21	0.4
<i>Digestive</i>		
Appendicitis.....	1	0.02
Intestinal obstruction (A. P.).....	2	0.04
Ulcerative colitis or history of ulcerative colitis.....	7	0.1
Hernia, total.....	14	0.3
Umbilical.....	7	0.2
Ventral.....	1	0.02
Inguinal.....	6	0.1
Infectious hepatitis.....	1	0.02
Chronic hepatitis.....	1	0.02
Jaundice unknown etiology (7 years)...	1	0.02
Meckel's diverticulum (A. P. excision)..	1	0.02
Cholecystitis.....	9	0.2
Gastroenteritis.....	6	0.1
Gastric ulcer or history of gastric ulcer..	3	0.1
Dental caries.....	44	0.9
Other digestive.....	7	0.2
<i>Urinary</i>		
Chronic renal disease exclusive of those with superimposed toxemia.....	5	0.1
Calculus.....	6	0.1
Anomaly of urinary tract.....	8	0.2
Pyelitis, antepartum.....	29	0.6
Cystitis.....	12	0.3
Other urinary tract infection		
Antepartum.....	21	0.4
Postpartum.....	43	0.9
Other urinary.....	23	0.5
<i>Blood and Blood-Forming Organs</i>		
Previous splenectomy.....	4	0.1
Thrombocytopenic purpura.....	1	0.02
Iron deficiency anemia—severe.....	6	0.1
Sickle cell anemia.....	3	0.1
Infectious mononucleosis.....	1	0.02
Severe anemia (undetermined etiology)..	4	0.1
Others.....	2	0.04

# ANTEPARTUM AND CONCURRENT CONDITIONS—*Continued*

## IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)—*Continued*

### MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)—*Continued*

<i>Endocrinological and Nutritional</i>	<i>Number</i>	<i>Per Cent</i>
Diabetes.....	20	0.4
Postoperative to adrenalectomy.....	2	0.04
History of Stein-Leventhal syndrome....	1	0.02
Low adrenal function.....	1	0.02
Hyperparathyroidism.....	1	0.02
Diseases of thyroid or previous thyroidec- tomy.....	139	2.9
Obesity.....	25	0.5
Excessive weight gain.....	35	0.7
Others.....	2	0.04

### *Mental, Nervous and Sense Organs*

Mental disease.....	21	0.4
Cerebrovascular accident.....	2	0.04
History of cerebrovascular accident....	1	0.02
Epilepsy.....	17	0.4
Multiple sclerosis.....	1	0.02
Previous prefrontal lobotomy.....	1	0.02
Bell's palsy.....	3	0.1
Previous encephalitis.....	3	0.1
History of poliomyelitis.....	19	0.4
Cerebral damage due to prolonged hypo- glycemic coma.....	1	0.02
Myasthenia gravis.....	1	0.02
Neurosis, anxiety.....	18	0.4
Other nervous.....	31	0.7
Diseases of eye and ear.....	81	1.7

### *Cancer and Other Tumors*

Cancer (currently active 1, postoperative, postirradiation 7).....	8	0.2
Carcinoid of rectum.....	1	0.02
Boeck's sarcoid.....	3	0.1
Breast tumors.....	25	0.5
Other non-malignant tumors.....	55	1.2

### *Skin*

Lupus erythematosus.....	1	0.02
Herpes zoster.....	1	0.02
Ichthyosis.....	1	0.02
Psoriasis.....	7	0.1
Dermatitis, acne, etc.....	70	1.5
Darier's disease.....	1	0.02
Others of skin.....	25	0.5

## ANTEPARTUM AND CONCURRENT CONDITIONS—*Continued*

### IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)—*Continued*

#### MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)—*Continued*

	<i>Number</i>	<i>Per Cent</i>
<i>Bone and Muscles</i>		
Other congenital deformities.....	10	0.2
Kyphosis.....	2	0.04
Scoliosis.....	9	0.2
Arthritis.....	9	0.2
Others of bone and muscle.....	51	1.1
<i>Miscellaneous Diseases</i>		
Poison oak infection.....	1	0.02
Chickenpox.....	1	0.02
Rubella.....	5	0.1
Scarlet fever.....	1	0.02
Mumps.....	1	0.02
Syphilis, or history of syphilis.....	28	0.6
Drug addiction or history of drug addi- tion.....	3	0.1
Tuberculosis, non-pulmonary.....	4	0.1

### OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD DURING PREGNANCY

Exploratory laparotomy and bilateral resection, granulosa cell tumors of ovaries, paracentesis, amniotomy, thoracotomy. (Death).....	1
Resection of ovarian cysts (1 with exploratory also).....	3
Myomectomy.....	1
Exploratory laparotomy.....	3
Cholecystectomy.....	2
Excision of Meckel's diverticulum.....	1
Appendectomy.....	9
Lysis of adhesions.....	1
Displacement of abdominal mass to facilitate artificial rupture of membranes in first stage of labor.....	1
Repair of incompetent cervical os.....	3
Amputation of cervix (proved later to be 2 weeks pregnant at time of operation).....	1
Mitral valvulotomy.....	1
Cardiac catheterization.....	2
Right pneumothorax, closure of perforated emphysematous right lower lobe of lung.....	1
Thyroidectomy.....	4
Incision and drainage of Bartholin's duct abscess.....	1
Incision and drainage of other abscess.....	3
Excision breast tumor.....	2



# OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

## DURING PREGNANCY—*Continued*

Excision pigmented nevus sclera left eye.....	1
Excision left parotid tumor and lymph node.....	1
Excision nevi.....	6
Others (all minor).....	19
<b>TOTAL.....</b>	<b>67</b>

## AT TERMINATION OF PREGNANCY

### AT CESAREAN SECTION

Total Hysterectomy (1 with unilateral salpingectomy and oophorectomy).....	2
Radical hysterectomy, bilateral salpingectomy and oophorectomy, pelvic lymph node dissection (cancer of cervix)...	1
Excision of old abdominal scar and plastic on scar.....	1
Excision of uterine scar.....	1
Repair of uterine defect.....	4
Myomectomy.....	3
Lysis of adhesions.....	4
Repair of umbilical hernia.....	1
Appendectomy.....	42
Tubal sterilization.....	23
Repair rent in bladder.....	1

### AT TERMINATION OF ECTOPIC PREGNANCY

Salpingectomy (one having tubal plastic).....	14
Salpingectomy and resection of ovary (one having bilateral tubal plastic).....	2
Salpingectomy and lysis of adhesions.....	2
Salpingectomy, oophorectomy and appendectomy.....	1
Salpingectomy, oophorectomy, multiple myomectomy and appendectomy.....	1
Salpingectomy and appendectomy.....	2
Salpingectomy, unilateral oophorectomy and total hysterectomy.....	1
Biopsy of ovary via colpotomy.....	1

NOTE: The following procedures were performed in some of the above cases prior to laparotomy:

D & C.....	5	Aspiration of cul-de-sac.....	5
Colpotomy.....	3		

### AT OTHER ABORTION

Abdominal hysterotomy and tubal sterilization (therapeutic abortion).....	1
Total hysterectomy for sterilization, and appendectomy (therapeutic abortion).....	1

## OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

### AT TERMINATION OF PREGNANCY—*Continued*

Total hysterectomy (one following D & C for malignant mole, one with appendectomy).....	2
Anterior hysterotomy with removal of fetus and early mole formation.....	1
Dilatation and curettage for probable malignant mole.....	2
Anterior hysterotomy and exision of edometrial polyp.....	1
Multiple myomectomy.....	1
Colpotomy, dilatation and curettage.....	2
Dilatation, curettage and amputation of cervix.....	1
Anterior and posterior colporrhaphy.....	1
Excision of vaginal septum.....	1
Exploration of uterine cavity.....	10
Biopsy of cervix.....	11
Other minor procedures.....	6
AT VAGINAL DELIVERY	
Cervical repair.....	23
TOTAL.....	171

### IN THE POSTPARTUM PERIOD

Replacement of uterine inversion.....	1
Total hysterectomy, unilateral salpingectomy and oophorectomy	1
Subtotal hysterectomy.....	1
Resection right ovary, suspension of uterus and lysis of adhesions	1
Myomectomy.....	3
Cecostomy and secondary closure of wound dehiscence.....	1
Exploratory laparotomy, release of obstruction and repair of partial dehiscence.....	1
Exploratory laparotomy and evacuation of abdominal wall and extraperitoneal pelvic hematomas.....	1
Tubal sterilization.....	15
Appendectomy (6 incidental to other operations).....	7
Thoracentesis (death).....	1
Thyroidectomy.....	1
Excision of perineal sinus tracts and posterior colporrhaphy..	1
Repair of rectovaginal fistula.....	1
Repair of avulsion of uterosacral ligament.....	1
Cervical repair.....	4
Secondary repair of episiotomy.....	9
Suturing of bleeding episiotomy.....	2
Suturing of cervix.....	3
Dilatation and curettage.....	42
Curettage.....	2
Tamponade of uterus.....	14
Exploration of uterine cavity.....	12
Repair of vaginal and perineal lacerations.....	10

# OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

## IN THE POSTPARTUM PERIOD—*Continued*

Evacuation of hematomas.....	8
Biopsy of cervix.....	4
Cervical polypectomy.....	2
Excision of Bartholin's duct abscess.....	1
Incision and drainage of Bartholin's duct cyst.....	1
Incision and drainage of breast abscess.....	9
Incision and drainage of other abscess.....	6
Excision of breast tumor.....	3
Hemorrhoidectomy.....	4
Repair of rent in rectum.....	2
Excision of nevi, and other minor benign tumors.....	25
Other minor operations.....	7
<b>TOTAL.....</b>	<b>207</b>

## NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

	<i>Number</i>	<i>Per Cent of Total Deliveries</i>
Induction without pitocin.....	11	0.3
Induction with pitocin.....	244	5.7
Induction—rupture of membranes.....	278	6.5
Stimulation of labor with pitocin.....	375	8.8
Cystoscopy.....	3	0.1
Proctoscopy.....	3	0.1
Examination under anesthesia only.....	2	0.04
Vaginal examination—intrapartum.....	2,842	66.8
Exploration of uterine cavity at delivery.....	72	1.7
Transfusions (number of patients receiving trans- fusions*).....	156	3.7

\* The total number of obstetrical patients receiving transfusions was 265.

## ANTEPARTUM DISCHARGES

### PRIMARY REASON FOR ADMISSION

OBSTETRICAL COMPLICATIONS	<i>Number</i>	<i>Per Cent of Antepartum Discharges</i>
False labor.....	137	29.6
Antepartum bleeding (1st Trimester, 10; 2nd, 9; 3rd, 45).....	64	13.8
Question of placenta previa, or premature sepa- ration of placenta.....	2	0.4

ANTEPARTUM DISCHARGES—*Continued*  
PRIMARY REASON FOR ADMISSION—*Continued*

OBSTETRICAL COMPLICATIONS— <i>Continued</i>	<i>Number</i>	<i>Per Cent of Antepartum Discharges</i>
Threatened abortion.....	37	8.0
Premature rupture of membranes.....	19	4.1
For consideration of induction.....	2	0.4
Induction—unsuccessful.....	5	1.1
Toxemia or suspected toxemia.....	11	2.4
Vomiting.....	24	5.2
Peripheral edema lower extremity.....	1	0.2
Diagnosis of intrauterine pregnancy.....	3	0.7
Thrombophlebitis.....	4	0.9
For consideration of cesarean section in contracted pelvis.....	1	0.2
Hydramnios.....	1	0.2
Herpes gestationis.....	1	0.2
GYNECOLOGICAL COMPLICATIONS		
<i>Operative</i>		
Major abdominal.....	2	0.4
Minor (includes 2 repairs of incompetent cer- vical os).....	8	1.7
<i>Non-Operative</i>		
Examination under anesthesia.....	15	3.2
Infected labial cyst.....	1	0.2
Herpetic vulvitis.....	1	0.2
MEDICAL AND SURGICAL COMPLICATIONS (EXCLUDING GYNECOLOGICAL DISEASE)		
<i>Operative</i>		
Major abdominal.....	3	0.7
Major, non-abdominal.....	2	0.4
Minor.....	5	1.1
<i>Non-Operative</i>		
Pulmonary infarct (in cardiac).....	1	0.2
Evaluation of cardiacs for surgery.....	4	0.9
Acute rheumatic fever with carditis.....	1	0.2
Cardiac disease with respiratory complications	11	2.4
Pre and/or postoperative valvulotomy.....	5	1.1
Pneumonia.....	8	1.7
Probable influenza.....	1	0.2
Acute viral illness, unknown etiology.....	2	0.4
Pleurisy.....	1	0.2

## POSTPARTUM DISCHARGES—*Continued*

### PRIMARY REASON FOR ADMISSION—*Continued*

MEDICAL AND SURGICAL COMPLICATIONS (EXCLUDING GYNECOLOGICAL DISEASE) — <i>Continued</i>	<i>Number</i>	<i>Per Cent of Antepartum Discharges</i>
<i>Non-Operative—Continued</i>		
Severe upper respiratory infection.....	5	1.1
Pain left chest, unknown etiology.....	1	0.2
Pyelitis.....	9	1.9
Ureteral calculus.....	2	0.5
Chronic nephritis.....	4	0.9
Ureteral colic.....	1	0.2
Hydronephrosis.....	1	0.2
Hematuria.....	2	0.5
Acute cystitis.....	1	0.2
Other urinary tract infection.....	5	1.1
Paralytic ileus.....	1	0.2
Gall bladder disease.....	3	0.7
For removal of tube draining bile (jaundice, unknown etiology).....	1	0.2
Gastritis.....	1	0.2
Gastroenteritis.....	9	1.9
Anemia (1 iron deficiency, 1 ? sickle cell)....	2	0.4
Diabetes (1 with hydramnios).....	7	1.5
Arthralgia wrist and knee.....	1	0.2
Undiagnosed pain.....	16	3.6
Migraine with temporary blindness.....	1	0.2
Others.....	7	1.5
<b>TOTAL.....</b>	<b>463</b>	<b>100.0</b>

## POSTPARTUM ADMISSIONS

### PRIMARY REASON FOR ADMISSION

	<i>Number</i>	<i>Per Cent of Postpartum Admissions</i>
Subtotal hysterectomy (hemorrhage).....	1	1.1
Resection endometriotic cyst of ovary, lysis of ad- hesions, suspension of uterus and appendectomy	1	1.1
Multiple myomectomy.....	1	1.1
Appendectomy (acute appendicitis).....	1	1.1
Puerperal bleeding, dilatation and curettage per- formed.....	36	36.7
Puerperal bleeding, other.....	7	7.1
Repair perineal lacerations of patients delivered at home.....	2	2.0

POSTPARTUM ADMISSIONS—*Continued*  
PRIMARY REASON FOR ADMISSION—*Continued*

	Number	<i>Per Cent of Postpartum Admissions</i>
Admitted immediately after delivery or abortion..	3	3.1
Secondary repair of episiotomy.....	1	1.0
Abdominal wound infection.....	2	2.0
Abdominal wound hematoma, separation and abscess	1	1.0
Abdominal wall and pelvic hematoma.....	1	1.0
Vaginal hematoma.....	1	1.0
Puerperal infection, febrile.....	6	6.1
Mastitis, febrile.....	4	4.1
Pyelitis, febrile.....	3	3.1
Urinary tract infection, febrile.....	1	1.0
Breast abscess.....	9	9.2
Other abscess.....	5	5.1
Excision perineal sinus tracts, and posterior col- porrhaphy.....	1	1.1
Endometritis, parametritis.....	2	2.0
Pulmonary embolus.....	1	1.0
Thrombophlebitis.....	1	1.0
Evaluation post cerebrovascular accident (antepartum).....	1	1.0
Admitted in profound shock with septicemia (death)	1	1.0
Pulmonary edema (rheumatic heart disease).....	1	1.0
Hypertension.....	1	1.0
Urinary retention.....	1	1.0
Examination under anesthesia (myoma and ovarian cyst).....	1	1.0
Evaluation of patient with diagnosis of hydatidi- form mole on previous admission).....	1	1.0
TOTAL.....	98	100.0

**PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH,  
AND BY BIRTH WEIGHT—1957**

<i>Cause of Death</i>	<i>Before Labor</i>				<i>During Labor</i>				<i>Neonatal</i>				<i>Total</i>			
	500- 999	1000- 2499	2500 +	Total	500- 999	1000- 2499	2500 +	Total	500- 999	1000- 2499	2500 +	Total	500- 999	1000- 2499	2500 +	Total
<i>Anoxia</i>																
Premature separation of the placenta	..	2	2	4	1	2	1	4	..	..	..	..	1	4	3	8
White infarcts of the placenta	1	1	..	2	..	..	..	..	..	..	..	..	1	1	..	2
Cord—prolapse	..	..	..	..	2	..	..	2	..	..	..	..	2	..	..	2
Cord—other	..	1	1	2	..	..	..	..	..	..	..	..	..	1	1	2
<i>No Abnormal State—Maternal</i>																
<i>Complication</i>																
Toxemia	..	2	1	3	..	..	..	..	..	..	..	..	..	2	1	3
Diabetes	..	1	1	2	..	..	1	1	..	1	3	4	..	2	5	7
<i>Birth Injury</i>	..	..	..	..	..	..	1	1	..	..	1	1	..	2	2	2
<i>Malformation</i>	..	..	..	..	..	..	1	1	..	4	3	7	..	6	4	10
<i>Abnormal Pulmonary Ventilation</i>																
Atelectasis with hyaline membrane	..	..	..	..	..	..	..	..	2	11	..	13	2	11	..	13
Atelectasis without hyaline membrane	..	..	..	..	..	1	..	1	9	12	2	23	9	13	2	24
Aspiration of amniotic fluid	..	..	..	..	1	1	1	3	1	..	1	2	2	2	1	5
Pulmonary edema	..	..	..	..	..	..	..	..	1	1	..	2	1	1	..	2
<i>Infection</i>																
Bronchopneumonia	..	..	..	..	..	..	..	..	1	..	1	2	1	..	1	2
<i>Erythroblastosis</i> (2 Rh neg. immunized mothers, D.B. macerated infants, 1 kernicterus, no known blood incompatibility)	2	3	..	5	..	..	..	..	1	1	6	8	3	4	6	13
<i>Other Conditions or Causes</i>																
Intracranial hemorrhage	..	..	..	..	..	..	..	..	1	2	1	4	1	2	1	4
Prematurity	1	..	..	1	..	..	..	..	3	..	..	3	4	..	..	4
Macerated, no cause determined	2	3	1	6	..	..	..	..	..	..	..	..	2	3	1	6
<b>TOTAL</b>	6	15	6	27	4	4	5	13	19	32	18	69	29	51	29	109



LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND  
TOTAL DEATH RATES PER 100

1957

BY BIRTH WEIGHT IN GRAMS  
(Including Twins)

Weight in Grams	Live Births	Neonatal Deaths	Neonatal Death Rate Per 100 Live Births	Deadborn	Total Births (Live and Deadborn)	Total Deaths (Neonatal and Deadborn)	Total Death Rate Per 100 Total Births
500- 999.....	19	19	100.0	10	29	29	100.0
1,000-1,499.....	23	13	56.5	7	30	20	66.7
1,500-1,999.....	60	12	20.0	7	67	19	28.4
2,000-2,499.....	185	7	3.8	5	190	12	6.3
2,500-2,999.....	816	9	1.1	8	824	17	2.1
3,000-3,499.....	1,767	4	0.2	2	1,769	6	0.3
3,500-3,999.....	1,053	3	0.3	..	1,053	3	0.3
4,000-4,999.....	299	1	0.3	..	299	1	0.3
4,500-4,999.....	35	1	2.9	..	35	1	2.9
5,000+.....	5	..	..	1	6	1	16.7
TOTAL.....	4,262	69	1.6	40	4,302	109	2.5
1,000 and over.....	4,243	50	1.2	30	4,273	80	1.9
1,500 and over.....	4,220	37	0.9	23	4,243	60	1.4

# MATERNAL MORTALITY FOR PERIOD

September 1, 1932—December 31, 1957

## PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 120 deaths in 115,179 discharged patients; a maternal mortality rate of 1.0 per 1,000 patients discharged, or 1.2 per 1,000 pregnancies. In 1957 there were two deaths. The causes of death for the total period are shown in the following table:

<i>Cause of Death</i>	<i>1932 to 1937</i>	<i>1938 to 1942</i>	<i>1943 to 1947</i>	<i>1948 to 1952</i>	<i>1953 to 1956*†</i>	<i>1957</i>	<i>Total</i>	<i>Grand Total</i>	<i>Per Cent Total</i>
Infection									
Antepartum	1	..	..	..	..	..	1	20	16.7
Postpartum									
Puerperal infection	4	..	1	..	..	..	5		
Peritonitis following C. S.	5	1	..	..	..	..	6		
Peritonitis following ruptured appendix	..	2	..	..	..	..	2		
Postabortal	1	3	..	1	..	1	6	8	6.7
Pneumonia									
Antepartum	2	..	..	..	..	..	2		
Postpartum	4	..	1	..	1	..	6		
Hemorrhage									
Antepartum									
Placenta previa	1	..	..	..	..	..	1	19	15.8
Premature separation of placenta	3	..	..	..	..	..	3		
Postpartum									
Vaginal delivery	4	2	3	..	..	..	9		
Following cesarean section	2	1	..	..	..	..	3		
Ruptured uterus	1	1	..	..	..	..	2	1	
Ectopic pregnancy	..	1	..	..	..	..	1		
Toxemia									
Acute yellow atrophy	2	1	..	..	..	..	3	5	4.2
Eclampsia	1	..	..	1	..	..	2		
Cardiac disease									
Antepartum	2	3	3	5	3	..	16	22	18.3
Postpartum	3	1	..	1	1	..	6		
Embolus	4	6	2	..	1	..	13	13	10.8
Pyelonephritis	2	..	..	1	1	..	4	4	3.3
Ischemic nephrosis	..	..	..	..	1	..	1	1	0.8
Necrosis of renal cortices	..	..	1	..	..	..	1	1	0.8
Cerebrovascular accident	2	1	3	..	..	..	6	6	5.0
Anesthesia	1	1	..	..	..	..	2	2	1.7
Transfusion reaction	..	..	2	..	..	..	2	2	1.7
Tuberculosis, miliary	1	..	..	..	..	..	1	1	0.8
Choriocarcinoma (postpartum)	1	..	1	..	..	..	2	2	1.7
Carcinoma of breast	..	..	..	3	..	..	3	3	2.5
Carcinoma of liver	..	..	1	..	..	..	1	1	0.8
Carcinoma of thyroid	..	..	1	..	..	..	1	1	0.8
Melanocarcinoma skin of right buttock	..	..	..	1	..	..	1	1	0.8
Sarcoma (neurogenic) left buttock	..	..	1	..	..	..	1	1	0.8
Sarcoma (neurogenic) peroneal nerve	..	..	..	..	1	..	1	1	0.8
Sarcoma (reticulum cell)	..	..	..	..	1	..	1	1	0.8
Postoperative to resection of bilateral granulosa cell tumors of ovaries (benign?)	..	..	..	..	..	1	1	1	0.8
Blood dyscrasia-erythroblastic splenomegaly	1	..	..	..	..	..	1	1	0.9
Suicide (undelivered)	1	..	..	..	..	..	1	1	0.9
Colitis, subacute	..	1	..	..	..	..	1	1	0.9
Not determined (insufficient data)	1	..	..	..	..	..	1	1	0.9
TOTAL	50	25	20	13	10	2	120	120	100.0

\* There were no maternal deaths in 1954.

† Two of these deaths occurred after transfer to other services in the main hospital.

# STATISTICS GYNECOLOGICAL DEPARTMENT

January 1, 1957—December 31, 1957

TOTAL DISCHARGES..... 2,464

## RACE

White.....	2,213
Colored.....	251

TOTAL.....	2,464
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## DIAGNOSIS ON DISCHARGE

### VULVA

Bartholin's gland abscess or cyst.....	66
Benign tumor.....	34
Carcinoma.....	10
Condylomata.....	4
Congenital abnormalities.....	3
Diseases of hymen.....	19
Hyperkeratosis.....	1
Leukoplakia.....	9
Vulvitis.....	10
Others of vulva.....	98

### VAGINA AND PERINEUM

Benign tumor.....	8
Congenital abnormalities.....	5
Cul-de-sac hernia.....	63
Cystocele.....	438
Rectocele.....	401
Gartner's duct tumor.....	7
Inclusion cyst.....	19
Old perineal laceration.....	3
Rectovaginal fistula.....	4
Relaxed outlet.....	395
Vesicovaginal fistula.....	4
Ureterovaginal fistula.....	5
Rectoperineal fistula.....	1
Other fistulae.....	2
Stricture, stenosis of vagina.....	23
Vaginitis.....	52
Others of vagina and perineum.....	125

### CERVIX

Carcinoma, adeno.....	9
Carcinoma, squamous (invasive).....	85
Carcinoma, in situ (Stage O).....	31
Basal cell hyperactivity.....	92
Cervicitis.....	1,100
Endocervicitis.....	17
Congenital abnormalities.....	5

## DIAGNOSIS ON DISCHARGE—Continued

### CERVIX—Continued

Descensus.....	174
Endometriosis.....	18
Erosion.....	337
Hyperkeratosis.....	128
Hypertrophy.....	179
Laceration.....	186
Leukoplakia.....	3
Myoma.....	16
Polyp.....	255
True ulcer.....	49
Other benign tumors.....	16
Squamous metaplasia.....	327
Stenosis.....	56
Cystic.....	833
Others of cervix.....	66

### UTERUS

Atrophic endometrium.....	213
Adenomyoma.....	17
Adenomyosis.....	130
Carcinoma.....	65
Congenital abnormalities.....	19
Endometriosis.....	23
Endometritis.....	6
Hyperplasia of endometrium.....	121
Menorrhagia.....	746
Metrorrhagia.....	577
Myoma.....	889
Polyp.....	308
Procidentia.....	98
Pyometria.....	4
Retroversion.....	317
Other malposition.....	57
Sarcoma.....	10
Tuberculosis of endometrium.....	2
Others of uterus.....	63

### TUBE

Carcinoma (? primary).....	1
Congenital abnormalities.....	4
Endometriosis.....	13
Hematosalpinx.....	8
Hydrosalpinx.....	54
Pyosalpinx.....	11
Perisalpingitis.....	25
Salpingitis.....	182
Tubo-ovarian abscess.....	10
Tuberculosis.....	7
Others of tube.....	60

## DIAGNOSIS ON DISCHARGE—*Continued*

### OVARY

Carcinoma (3 ? primary).....	34
Granulosa cell tumor malignant.....	2
Malignant endosalpingioma.....	1
Congenital abnormalities.....	3
Corpus luteum cyst.....	22
Dermoid cyst.....	23
Endometrial cyst.....	43
Endometriosis.....	32
Fibroma; fibroadenoma.....	18
Follicular cyst.....	39
Endosalpingioma, benign.....	1
Granulosa cell cyst.....	7
Perioophoritis.....	40
Paraovarian cyst.....	8
Peripheral sclerosis.....	11
Prolapse.....	31
Pseudomucinous cyst, cystadenoma.....	12
Scrous cystadenoma.....	19
Simple retention cyst.....	28
Other cysts and tumors.....	108
Others of ovary.....	59

### OTHER CONDITIONS

Intraligamentary myoma.....	26
Intraligamentary cyst.....	6
Endometriosis—other genital.....	23
Endometriosis—extra genital.....	13
Peritoneal inclusion cyst.....	6
Pelvic abscess.....	8
Pelvic peritonitis.....	3
Syphilis or history of syphilis.....	19
Urethrocele.....	74
Other (miscellaneous), gynecological and associated pelvic conditions.....	970

## CANCER ADMISSIONS

1957

	<i>New Cases</i>	<i>First Admission of 1957</i>	<i>Total Admissions in 1957</i>
CERVIX UTERI			
Invasive, Stages I-IV .....	33	55	94
Intraepithelial, Stage O .....	21	25	31
CORPUS UTERI			
Carcinoma .....	33	50	65
Sarcoma .....	5	8	10
OVARY			
Carcinoma .....	28	31	34
Other .....	1	2	3
TUBE (? of primary) .....	1	1	1
VULVA .....	4	9	10
URETHRA .....	0	1	5
BLADDER .....	1	1	3
TOTAL .....	127	183	256

## OPERATIONS

Major .....	921
Minor .....	1,352
TOTAL .....	2,273

# TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1957\*

## VAGINEAL AND PERINEAL

Dilatation of cervix.....	13
Dilatation and curettage.....	1,609
Tubal insufflation.....	14
Biopsy cervix.....	765
Other biopsy.....	70
Insertion of pessary.....	38
Insertion of radium.....	63
Cauterization of cervix.....	38
Bartholin's excision.....	28
Bartholin's incision and drainage.....	20
Removal condylomata.....	4
Removal inclusion cyst.....	6
Removal Gartner's cyst.....	3
Hymenotomy.....	25
Cervical repair.....	9
Polypectomy.....	137
Amputation cervix.....	50
Vulvectomy.....	7
Perineorrhaphy.....	7
Anterior colporrhaphy.....	248
Posterior colporrhaphy.....	241
Other vaginoplasty.....	6
Vaginectomy.....	4
Vaginal myomectomy.....	13
Repair cul-de-sac hernia.....	28
Vaginal hysterectomy.....	133
Colpotomy.....	12
Excision of cervical stump...	22
Other vaginal operations....	147

## ABDOMINAL GYNECOLOGICAL OPERATIONS

Total hysterectomy.....	325
Subtotal hysterectomy.....	4
Myomectomy.....	68
Suspension associated with other surgery.....	29
Radical pelvic eviscerectomy.	2
Radical hysterectomy and lymphadenectomy.....	21

## ABDOMINAL GYNECOLOGICAL

### OPERATIONS—Continued

Salpingectomy, unilateral....	105
Salpingectomy, bilateral....	163
Oophorectomy, unilateral....	107
Oophorectomy, bilateral....	156
Resection of ovary.....	76
Removal paraovarian cyst....	6
Cauterization endometrial implants.....	2
Tubal sterilization (1 via colpotomy).....	7
Salpingostomy.....	15
Suspension of ovary.....	4
Other abdominal operations..	56

## URINARY TRACT OPERATIONS

Plication urethra.....	27
Suprapubic suspension urethra	35
Transplantation ureters.....	1
Repair vesicovaginal fistula..	2
Repair ureterovaginal fistula.	1
Excision utero-urethrovaginal fistula.....	1
Biopsy.....	11
Excision urethral caruncle...	8
Other operations.....	27

## RECTAL OPERATIONS

Repair rectovaginal fistula...	2
Hemorrhoidectomy.....	24
Polypectomy.....	3
Other operations.....	25

## OTHER ABDOMINAL OPERATIONS

Exploratory laparotomy, biopsy.....	66
Exploratory laparotomy, no removal.....	14
Release of adhesions.....	112

\* This table refers to operations and procedures performed during the patient's hospital admission.



# OTHER ABDOMINAL OPERATIONS

—Continued

Appendectomy.....	259
Repair hernia.....	18
Secondary closure.....	1
Colostomy.....	7
Removal peritoneal cyst.....	4

# OTHER OPERATIONS

Excision breast tumors.....	24
Paracentesis.....	8
Presacral neurectomy.....	6
Other operations.....	103

# NON-OPERATIVE PROCEDURES

Examination under anesthesia	2,088
Proctoscopy.....	120
Cystoscopy.....	160

# THERAPY, NON-OPERATIVE

Transfusions.....	366
X-ray.....	44

## POSTOPERATIVE COMPLICATIONS

Among 2,273 operative cases 1,910 or 84.0 per cent had no post-operative complications.

The following occurred among 363 patients who had postoperative complications:

	<i>Number</i>	<i>Per Cent of Total Operative Cases</i>
Febrile—etiology unknown . . . . .	80	3.5
Febrile—pneumonia . . . . .	3	0.1
Febrile—urinary tract infection . . . . .	34	1.5
Febrile—thrombophlebitis . . . . .	5	0.2
Febrile—infection operative site . . . . .	15	0.7
Febrile—other cause . . . . .	24	1.1
Shock—operative . . . . .	2	0.1
Urinary tract infection—afebrile . . . . .	38	1.7
Thrombophlebitis—afebrile . . . . .	6	0.3

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

	<i>Number</i>	<i>Per Cent of Total Operative Cases</i>
Cerebrovascular accident . . . . .	4	0.2
Coronary occlusion . . . . .	5	0.2
Other cardiac . . . . .	8	0.4
Pulmonary embolus . . . . .	8	0.4
Paralytic ileus . . . . .	11	0.5
Intestinal obstruction . . . . .	8	0.4
Pneumonia, pneumonitis . . . . .	2	0.1
Atelectasis . . . . .	4	0.2
Wound infection . . . . .	8	0.4
Wound disruption . . . . .	7	0.3
Anemia . . . . .	91	4.0
Hemorrhage . . . . .	17	0.7
Hematoma . . . . .	25	1.1
Other respiratory . . . . .	14	0.6
Other urinary . . . . .	36	1.6
Other digestive . . . . .	9	0.4
Miscellaneous . . . . .	32	1.4
<b>TOTAL . . . . .</b>	<b>496</b>	

## MORTALITY ON THE GYNECOLOGICAL SERVICE FOR THE PERIOD—September 1, 1932—December 31, 1957

During this period there were 255 deaths in 40,076 discharged patients, giving a gross mortality of 0.64% or 6.4 per thousand patients discharged.

### *Postoperative Mortality\** 1957                      1932-1957

	<i>Operations</i>	<i>Deaths</i>	<i>Operations</i>	<i>Deaths</i>
Major.....	921	5	15,109	95
Minor.....	1,352	4	20,396	42
<b>TOTAL.....</b>	<b>2,273</b>	<b>9</b>	<b>35,505</b>	<b>137</b>

The incidence of postoperative mortality = 0.4% (4.0 per thousand) for 1957 and for the whole period, 0.4% (3.9 per thousand).

The causes of death in these 255 patients are shown in the following table:

<i>Cause of Death</i>	<i>1932-1937</i>	<i>1938-1942</i>	<i>1943-1947</i>	<i>1948-1952</i>	<i>1953-1956</i>	<i>1957</i>	<i>Total</i>
Acute leukemia.....	..	..	..	1	..	..	1
Air embolism.....	..	..	1	..	..	..	1
Asphyxia.....	..	..	1	..	..	..	1
Carcinoma of bladder.....	..	1	..	..	..	..	1
Carcinoma, bronchogenic.....	..	..	..	1	..	..	1
Carcinoma, breast.....	..	..	..	1	..	1	2
Carcinoma of cervix.....	3	2	10	23	10†	1	49
Carcinoma of colon.....	..	2	..	..	..	..	2
Carcinoma of kidney.....	..	..	..	..	..	1	1
Carcinoma of ovary.....	7	14	12	21	13‡	8‡	75
Carcinoma of pancreas.....	..	..	1	..	1	1	3
Carcinoma of rectum.....	..	..	1	..	..	..	1
Carcinoma of sigmoid.....	..	..	..	1	..	..	1
Carcinoma of tube.....	..	1	..	..	2	..	3
Carcinoma of urethra.....	..	1	..	..	1	..	2
Carcinoma of uterus.....	1	5	4	11	5	1	27
Carcinoma of vagina.....	1	..	1	..	..	..	2
Carcinoma of vulva.....	..	..	1	1	1	..	3
Cardiac failure.....	1	..	1	2	2	..	6
Coronary thrombosis.....	..	1	1	1	1	..	4
Diabetes.....	..	1	1	..	..	..	2
Hemorrhage, cerebral.....	1	..	..	..	..	..	1
Hemorrhage, cervical myoma.....	1	..	..	..	..	..	1
Hepatic abscess.....	..	..	1	..	..	..	1
Krukenberg tumor.....	1	..	1	..	1	..	3
Leiomyosarcoma, pelvis, site of origin unknown.....	..	..	..	1	..	..	1
Malignant lymphoma.....	..	..	..	1	..	..	1
Malignant melanoma, melanosarcoma.....	1	..	..	..	..	1	2

\* "Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death. Minor operations in 1957 include only biopsy, paracentesis and thoracentesis.

† One of these patients died after transfer to the Medical Department.

‡ One of these patients died after transfer to the Surgical Department.

MORTALITY ON THE GYNECOLOGICAL SERVICE—*Continued*

<i>Cause of Death</i>	<i>1932- 1937</i>	<i>1938- 1942</i>	<i>1943- 1947</i>	<i>1948- 1952</i>	<i>1953- 1956</i>	<i>1957</i>	<i>Total</i>
Narcosis (gas, oxygen, ether).....	..	2	1	..	..	..	3
Nephritis.....	..	..	..	1	..	..	1
Pelvic inflammatory disease.....	1	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown.....	2	..	..	..	4	1	7
Peritonitis.....	3	1	1	..	..	..	5
Pneumonia.....	2	1	..	..	..	..	3
Pseudohemophilia.....	..	..	..	1	..	..	1
Pulmonary embolus.....	2	8	3	1	..	..	14
Ruptured appendix.....	1	1	..	..	..	..	2
Sarcoma of ovary.....	1	..	..	..	..	..	1
Sarcoma of pancreas.....	..	1	..	..	..	..	1
Sarcoma of uterus.....	1	3	4	..	1	1	10
Theca granulosa cell tumor.....	..	1	..	..	..	..	1
Thromboembolism.....	..	..	1	..	..	..	1
Tuberculosis, miliary.....	..	..	1	..	..	..	1
Tuberculous peritonitis.....	..	..	..	1	..	..	1
Tubo-ovarian abscess.....	..	..	..	..	1	..	1
Uremia.....	..	1	..	..	..	..	1
Vascular accident (?).....	..	..	..	..	1	1	2
TOTAL.....	30	47	48	69	44	17	255

FIG. 1  
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION DISCHARGES  
OBSTETRICAL SERVICE  
1932-1957

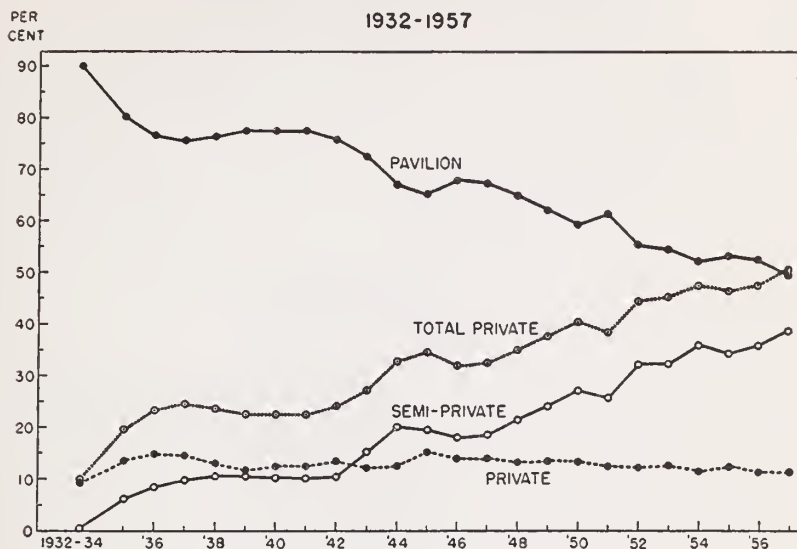


FIG. 2  
INCIDENCE OF PRIVATE, SEMI-PRIVATE AND PAVILION DISCHARGES  
GYNECOLOGICAL SERVICE  
1937-1957

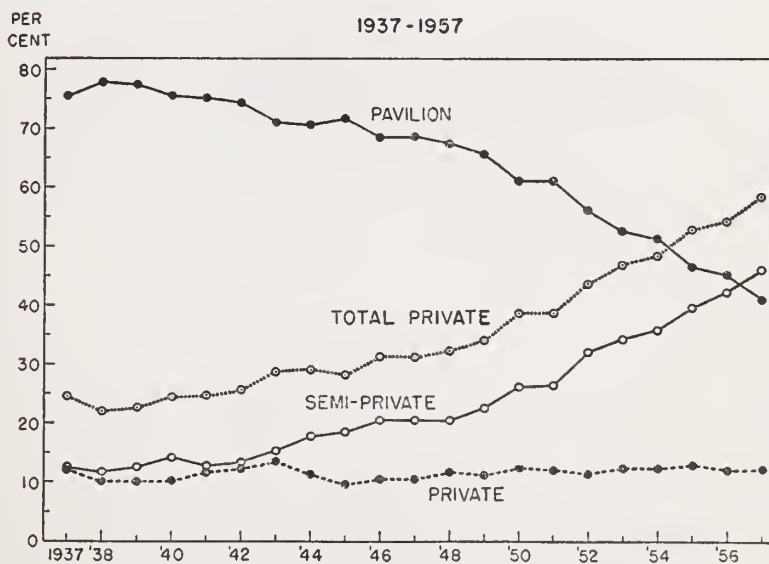


FIG. 3  
INCIDENCE OF PUERPERAL INFECTION  
AND OTHER FEBRILE MORBIDITY IN DELIVERIES  
1932-1957

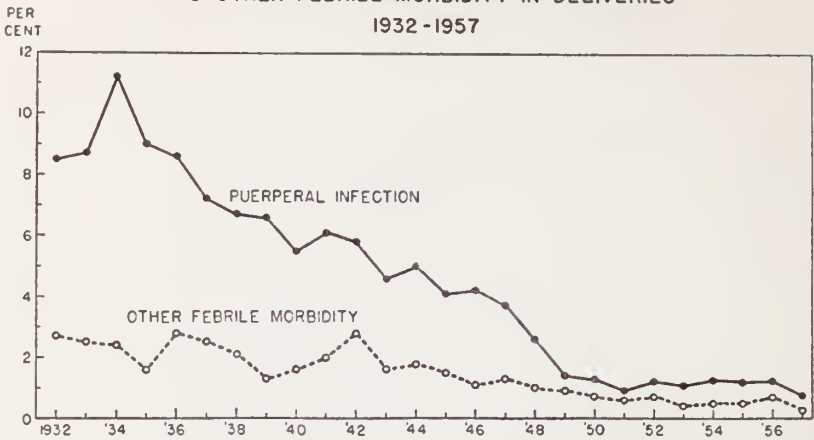


FIG. 4  
INCIDENCE OF PROLONGED LABOR (30 HOURS OR MORE)  
IN FULL TERM DELIVERIES  
1932-1957

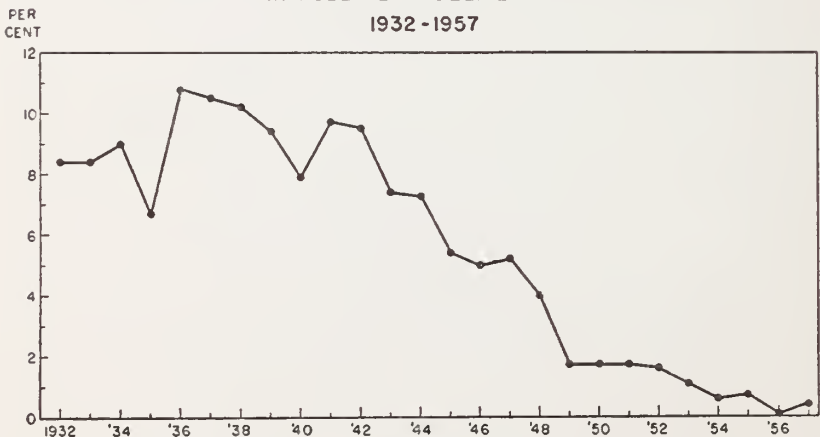


FIG. 5

INCIDENCE OF ECLAMPSIA, SEVERE PREECLAMPSIA  
AND TOTAL TOXEMIA (EXCLUSIVE OF VOMITING) IN  
TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)

1932-1957

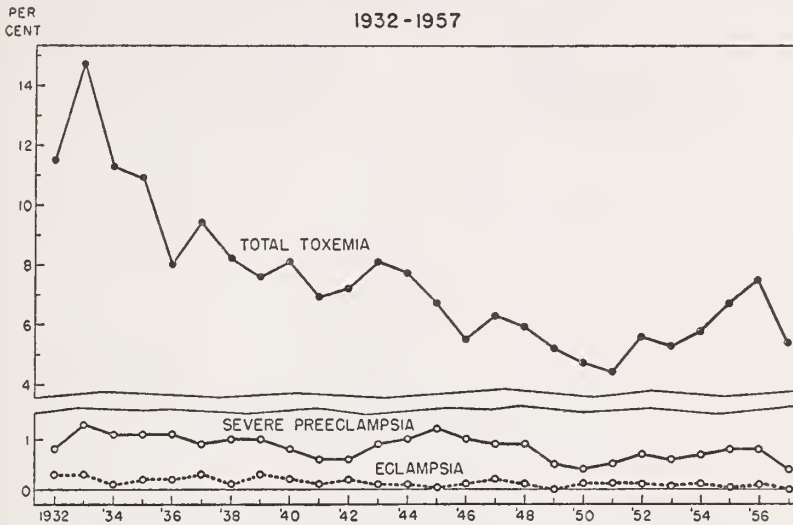


FIG. 6

INCIDENCE OF CESAREAN SECTION, VAGINAL OPERATIVE AND  
SPONTANEOUS DELIVERY IN TOTAL INFANTS (INCLUDING TWINS)

1932-1957

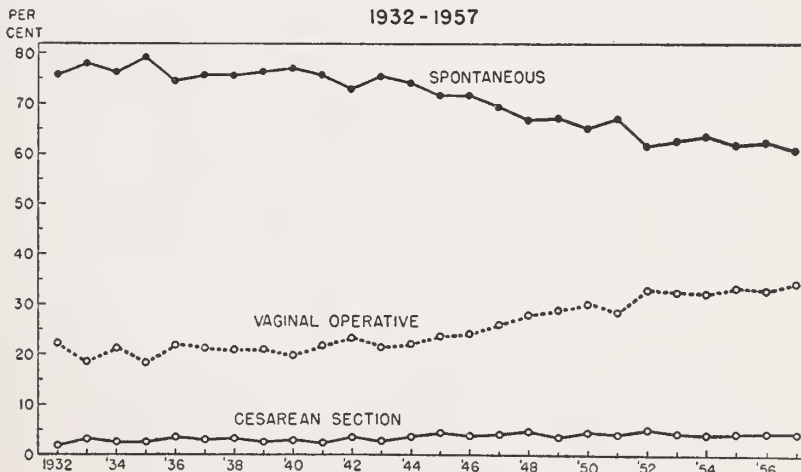




FIG. 7  
INCIDENCE OF PERINATAL MORTALITY  
IN VAGINAL OPERATIVE AND SPONTANEOUS DELIVERIES  
1932-1957

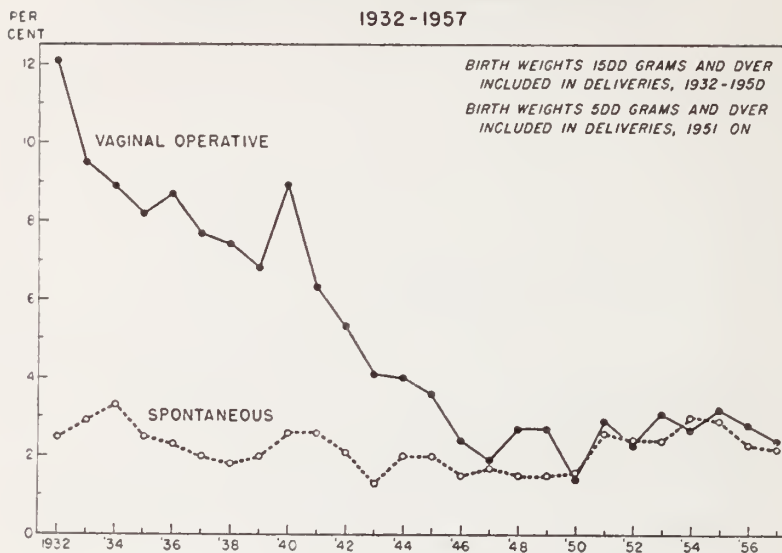


FIG. 8  
INCIDENCE OF PERINATAL MORTALITY  
IN CESAREAN SECTIONS AND SPONTANEOUS DELIVERIES  
1932-1957

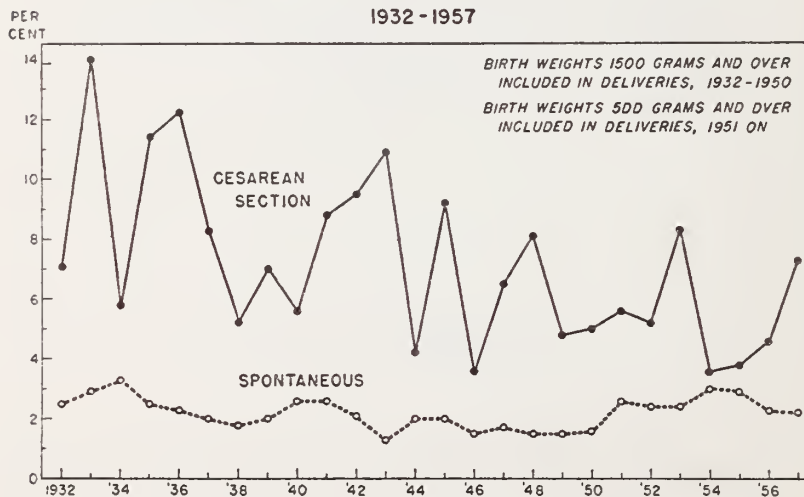


FIG. 9  
INCIDENCE OF PERINATAL MORTALITY  
IN TOTAL FORCEPS AND SPONTANEOUS DELIVERIES  
1932-1957

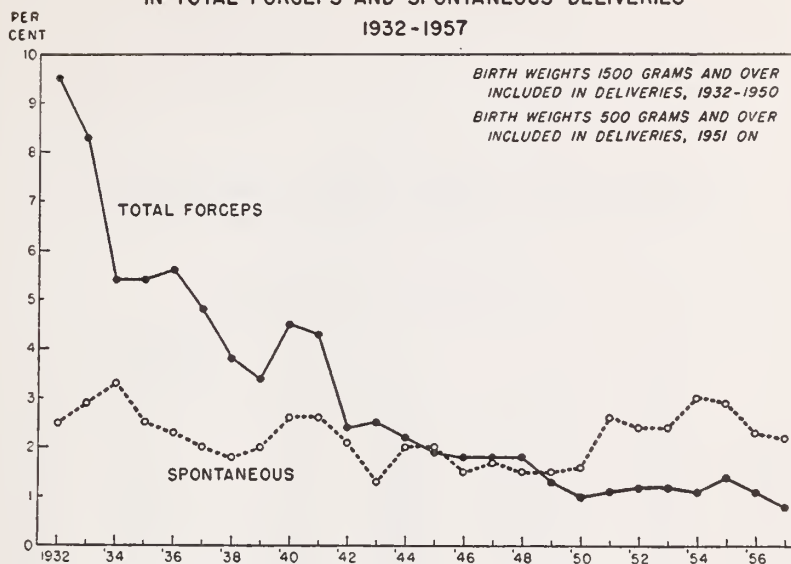


FIG. 10  
INCIDENCE OF HYSTERECTOMY  
IN ALL GYNECOLOGICAL OPERATIONS  
1932-1957

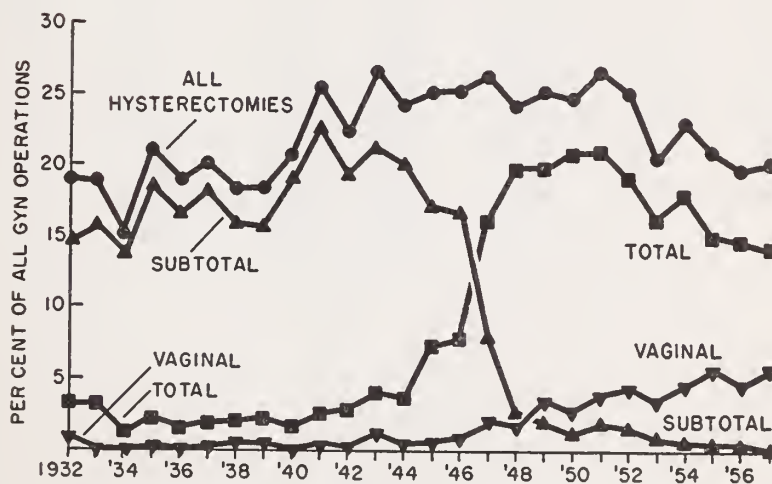


TABLE 1

Total Deliveries, Infants, Abortions, Pregnancies and  
Total Discharges

Indoor Service 1932-1957

	<i>Deliveries</i>	<i>Infants</i>	<i>Abortions</i>	<i>Pregnancies (deliveries and abortions)</i>	<i>Total Discharges</i>
1932.....	732	742	33	765	904
1933.....	2,619	2,650	163	2,782	3,325
1934.....	2,637	2,672	167	2,804	3,384
1935.....	2,659	2,682	179	2,838	3,387
1936.....	2,653	2,688	217	2,870	3,361
1937.....	2,732	2,767	228	2,960	3,462
1938.....	2,925	2,958	234	3,159	3,622
1939.....	2,771	2,791	221	2,992	3,433
1940.....	2,913	2,942	205	3,118	3,623
1941.....	2,890	2,919	236	3,126	3,609
1942.....	3,151	3,191	273	3,424	3,944
1943.....	3,251	3,289	266	3,517	4,016
1944.....	3,230	3,260	327	3,557	4,115
1945.....	3,196	3,235	285	3,481	4,098
1946.....	3,509	3,562	434	3,943	4,523
1947.....	3,979	4,041	390	4,369	4,908
1948.....	3,976	4,039	382	4,358	4,892
1949.....	3,824	3,870	393	4,217	4,742
1950.....	3,841	3,907	440	4,281	4,842
1951.....	4,243	4,294	427	4,670	5,285
1952.....	4,149	4,195	446	4,595	5,190
1953.....	3,963	4,024	403	4,366	4,955
1954.....	4,022	4,078	442	4,464	5,046
1955.....	4,096	4,136	463	4,559	5,169
1956.....	4,207	4,267	555	4,762	5,359
1957.....	4,254	4,302	470	4,724	5,289
TOTAL.....	86,422	87,501	8,279	94,701	103,483

TABLE 2

## Spontaneous and Operative Deliveries by Year

## Indoor Service 1932-1957

	<i>Spontaneous</i>	<i>Operative</i>	<i>Total</i>
1932.....	553	179	732
1933.....	2,044	575	2,619
1934.....	2,015	622	2,637
1935.....	2,109	550	2,659
1936.....	1,988	665	2,653
1937.....	2,078	654	2,732
1938.....	2,220	705	2,925
1939.....	2,122	649	2,771
1940.....	2,251	662	2,913
1941.....	2,188	702	2,890
1942.....	2,309	842	3,151
1943.....	2,457	794	3,251
1944.....	2,395	835	3,230
1945.....	2,294	902	3,196
1946.....	2,528	981	3,509
1947.....	2,774	1,205	3,979
1948.....	2,655	1,321	3,976
1949.....	2,571	1,253	3,824
1950.....	2,498	1,343	3,841
1951.....	2,846	1,397	4,243
1952.....	2,627	1,522	4,149
1953.....	2,491	1,472	3,963
1954.....	2,561	1,461	4,022
1955.....	2,544	1,552	4,096
1956.....	2,627	1,580	4,207
1957.....	2,596	1,658	4,254
TOTAL.....	60,341	26,081	86,422

TABLE 3

**Deaths and Death Rates Per 1,000 Discharges on the Obstetrical and  
Gynecological Services for Each Five Year Period and  
for the Total Twenty-five Years**

	<i>1932-1937</i>	<i>1938-1942</i>	<i>1943-1947</i>	<i>1948-1952</i>	<i>1953-1957</i>	<i>Total</i>
<b>OBSTETRICS I</b>						
(Outdoor, Indoor and Berwind Combined)						
Discharges.....	22,321	20,533	21,615	24,912	25,798	115,179
Deaths.....	50	25	20	13	12	120
Death Rate Per 1,000.....	2.2	1.2	0.9	0.5	0.5	1.0
<b>OBSTETRICS II</b>						
(Indoor only, Same Deaths)						
Discharges.....	17,650	18,106	21,615	24,912	25,793	108,081
Deaths.....	50	25	20	13	12	120
Death Rate, Per 1,000.....	2.8	1.4	0.9	0.5	0.5	1.1
Autopsies.....	24	12	12	6	8	62
Per Cent Autopsies.....	48.0	43.0	60.0	46.2	66.7	51.7
<b>GYNECOLOGY</b>						
Discharges.....	4,469	6,525	7,657	9,881	11,544	40,076
Deaths.....	30	47	48	69	61	255
Death Rate Per 1,000.....	6.7	7.2	6.3	7.0	5.3	6.4
Autopsies.....	15	27	26	53	31	152
Per Cent Autopsies.....	50.0	57.4	54.2	76.8	50.8	59.6

TABLE 4

## Changing Causes of Maternal Deaths in the New York Lying-In Hospital

September 1, 1932—December 31, 1957

DEATHS AND PERCENTAGE DISTRIBUTION BY CAUSE IN THE PERIODS 1932-1937, 1938-1942, 1943-1947, 1948-1952, 1953-1957

	1932-1937			1938-1942			1943-1947			1948-1952			1953-1957			Total
	Deaths	% of Total		Deaths	% of Total		Deaths	% of Total		Deaths	% of Total		Deaths	% of Total		
Infection.....	11	22.0		6	24.0		1	5.0		1	7.7		1	8.3		20
Pneumonia.....	6	12.0		..	..		1	5.0		..	..		1	8.3		8
Hemorrhage.....	11	22.0		5	20.0		3	15.0		..	..		..	..		19
Toxemia.....	3	6.0		1	4.0		..	..		1	7.7		..	..		5
Heart Disease.....	5	10.0		4	16.0		3	15.0		6	46.1		4	33.3		22
Cancer.....	1	2.0		..	..		4	20.0		4	30.8		2	16.7		11
Embolus.....	4	8.0		6	24.0		2	10.0		..	..		1	8.4		13
Cerebrovascular Accident.....	2	4.0		1	4.0		3	15.0		..	..		..	..		6
Miscellaneous.....	7	14.0		2	8.0		3	15.0		1	7.7		3	25.0		16
TOTAL.....	50	100.0		25	100.0		20	100.0		13	100.0		12	100.0		120

TABLE 5

## Changing Causes of Maternal Deaths in Order of Magnitude

September 1, 1932—December 31, 1957

Order of Magnitude	1932-1937			1938-1942			1943-1947			1948-1952			1953-1957		
1 .....	Infection (11)			Inflection (6)			Cancer (4)			Heart Disease (6)			Heart Disease (4)		
2 .....	Hemorrhage (11)			Embolus (6)			Hemorrhage (3)			Cancer (4)			Cancer (2)		
	Pneumonia (6)			Hemorrhage (5)			Heart Disease (3)								
3 .....	Heart Disease (5)			Heart Disease (4)			Cerebrovascular Accident (3)			Inflection (1)			Inflection (1)		
							Embolus (2)			Toxemia (1)			Pneumonia (1)		
4 .....	Embolus (4)			Toxemia (1)			Inflection (1)								
				Cerebrovascular Accident (1)			Pneumonia (1)								
5 .....	Toxemia (3)														
6 .....	Cerebrovascular Accident (2)														
7 .....	Cancer (1)														
Miscellaneous Causes	7			2			3			1			3		
TOTAL...	50			25			20			13			12		

TABLE 6

Weight Specific Death Rates for Total Births, Total Deaths and Neonatal Deaths by Weight at Birth for Each Year, and Totals 1947-1956

TOTAL INFANT DEATHS—PER CENT OF DEATHS IN EACH BIRTH WEIGHT CATEGORY

Weight in Grams	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total Births	
											(1947-1956) Births	(1947-1956) Deaths
500- 999.....	86.2	88.9	95.5	90.9	89.7	90.9	88.9	96.8	94.9	95.2	269	247
1,000-1,499.....	53.1	65.4	50.0	40.5	63.0	57.6	63.3	71.4	69.4	73.8	327	198
1,500-1,999.....	25.7	31.1	32.6	32.7	28.8	27.5	34.5	22.0	24.5	30.4	510	149
2,000-2,499.....	14.6	10.7	7.9	8.9	6.9	7.7	6.6	10.3	7.1	8.3	1,846	162
2,500 plus.....	1.2	1.4	1.3	1.0	1.1	1.0	0.9	1.0	1.0	0.7	38,043	398
Unknown Weight..	..	..	..	*100.0	*100.0	20.0	..	*100.0	..	..	8	4
Total.....	2.9	3.0	2.9	2.6	2.8	2.5	2.9	2.9	3.0	2.6	41,003	1,158
												2.8

NEONATAL DEATHS—PER CENT OF DEATHS AMONG LIVE BIRTHS IN EACH BIRTH WEIGHT CATEGORY

Weight in Grams	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total Live Births	
											(1947-1956) Births	(1947-1956) Deaths
500- 999.....	77.8	75.0	92.3	85.7	85.0	88.2	78.9	93.8	92.0	91.7	162	140
1,000-1,499.....	34.8	55.0	28.0	26.7	41.2	44.0	54.2	57.9	62.1	60.7	240	111
1,500-1,999.....	13.3	20.8	18.4	11.9	17.6	11.9	15.6	9.3	11.9	22.0	427	66
2,000-2,499.....	10.1	6.5	2.8	5.6	3.6	3.4	2.6	6.5	2.6	3.8	1,766	82
2,500 plus.....	0.4	0.6	0.7	0.5	0.5	0.4	0.4	0.4	0.6	0.3	37,818	173
Unknown Weight..	..	..	..	*100.0	*100.0	20.0	..	*100.0	..	..	8	4
Total.....	1.4	1.5	1.4	1.3	1.4	1.3	1.3	1.4	1.8	1.4	40,421	576
												1.4

\* Represents one infant.



TABLE 7

## Total Infant Survivals 1947-1956

## TOTAL SURVIVALS AND RATES

<i>Birth Weight in Grams</i>	<i>Survivals</i>	<i>Per Cent</i>
500- 999.....	22	8.2
1,000-1,499.....	129	39.4
1,500-1,999.....	361	70.8
2,000-2,499.....	1,684	91.2
2,500 plus.....	37,645	99.0
Unknown Weight.....	4	50.0
TOTAL.....	39,845	97.2

TABLE 8

Per Cent Incidence of Selected Complications of Pregnancy in Total Deliveries  
1932-1937, 1938-1942, 1943-1947, 1948-1952 and 1953-1957

	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Placenta previa.....	81	0.6	73	0.5	66	0.4	84	0.4	88	0.4	392	0.5
Premature separation....	67	0.5	37	0.3	82	0.5	190	0.7	231	1.1	607	0.7
Rupture—Uterus.....	6	0.04	7	0.05	6	0.03	6	0.03	3	0.01	28	0.03
Inversion of uterus.....	5	0.04	2	0.01	4	0.02	2	0.01	2	0.01	15	0.02
Postpartum hemorrhage..	701	5.0	386	2.6	313	1.8	491	2.5	306	1.5	2,197	2.5
Contracted pelvis.....	1,666	11.9	916	6.3	781	4.5	893	4.5	565	2.8	4,821	5.6

TABLE 9  
Per Cent Total Incidence of Selected Obstetrical and Medical Complications  
1932-1957

<i>Obstetrical</i>	<i>Number</i>	<i>Per Cent of Total Deliveries</i>
Twins.....	1,010	1.2
Premature Delivery.....	4,102	4.7
Breech Presentation.....	3,572	4.1
Other Abnormal Presentation (Transverse, Face, Brow, Oblique, Compound, Parietal and others).....	617	0.7
		<i>Per Cent of Total Pregnancies</i>
Extrauterine Pregnancy.....	392	0.4
Thrombophlebitis.....	768	0.8
<i>Medical</i>		
Heart Disease.....	3,569	3.8
Pulmonary Tuberculosis (Active).....	218	0.2
Pulmonary Tuberculosis (Inactive).....	858	0.9
Diabetes.....	349	0.4
Syphilis.....	1,033	1.1

# HIGHLIGHTS IN REDUCTION OF RISKS IN PREGNANCY

## COMPARISON OF THE YEARS 1937, 1947 and 1957

	<i>Per Cent of Pregnancies</i>		
	<i>1937</i>	<i>1947</i>	<i>1957</i>
Puerperal infection.....	7.5	3.8	0.8
Total febrile morbidity.....	9.9	5.2	1.1
Eclampsia.....	0.3	0.2	0.0
Severe preeclampsia.....	0.9	0.9	0.4
	<i>Per Cent of Deliveries</i>		
	<i>1937</i>	<i>1947</i>	<i>1957</i>
Prolonged labor (30+ hours).....	10.3	5.2	0.4
Deaths from hemorrhage.....	4	0	0
Maternal mortality (per 1,000 adult discharges)	2.3	0.6	0.4
Perinatal mortality (per cent in infants of 1,500 grams or more birth weight).....	3.4	1.9	1.4

TYPE OF DELIVERY IN PATIENTS HAVING HAD PREVIOUS CESAREAN SECTION  
1932-1957

TYPE OF DELIVERY	1932-1937		1938-1942		1943-1947		1948-1952		1953-1957		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Cesarean Section.....	100	51.0	131	62.1	190	63.8	286	65.6	353	64.7	1,060	62.8
Vaginal Operative.....	43	21.9	51	24.2	64	21.5	102	23.4	121	22.2	381	22.6
Spontaneous.....	53	27.1	29	13.7	44	14.7	48	11.0	72	13.1	246	14.6
TOTAL.....	196	100.0	211	100.0	298	100.0	436	100.0	546	100.0	1,687	100.0
Total Vaginal.....	96	49.0	80	37.9	108	36.2	150	34.4	193	35.3	627	37.2



*Prenatal Class in Preparation for Labor, Mechanism of Labor*



*Prenatal Class Demonstrating Relaxation*

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